Crown and Bridge

Shanto Dental Ceramics Ltd.

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In office use only:

M:_____
Mt:_____Wt:_____

C:_____
In:_____Cer:_____

DATE:_____ DR'S PHONE:(____)_____

DR._____

PATIENT NAME:_____

☐ MALE ☐ FEMALE

RETURN DATE:_____RETURN TIME: _____AM/PM

Rx:_____

TOOTH SHADE(S):_____ STUMP SHADE: _____

☐☐ **Custom Shade - In Lab** (please call)

DOCTOR'S SIGNATURE:_____

Please indicate case requirements below:

Centric Contact:	☐ Positive	☐ Shim Relief	☐ Double Relief
Pontic Design:	☐ Hygenic	☐ Ridge Lap	☐ Ovate ___mm
Lat. Excursion:	☐ Cuspid Guidance	☐ Group Function	☐ Cross Bite
Occlusion:	☐ Ceramic	☐ Metal In Centric	☐ All Metal
Margin:	☐ Ceramic Butt	☐ Combination	☐ Fine Metal
PFM Metal:	☐ High Au (70-90%)	☐ Mid Au (40-60%)	☐ Pd (60-75%)
	☐ CrCo (Non-Prec)	☐ Other _____	
Zirconia:	☐ FZ (Strong!)	☐ HTFZ (Translucent)	☐ PFZ (Layered)
Lithium DiSilicate	☐ e-Max	☐ Other _____	

MORE INFORMATION:

_____

Frame Design - PFZ or PFM:

☐ **Metal/ZR Lingual Collar**

☐ **¾ Metal/ZR Lingual**

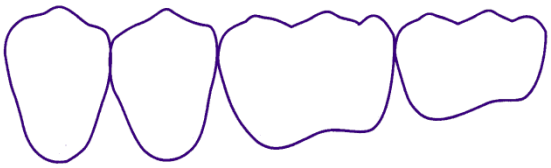
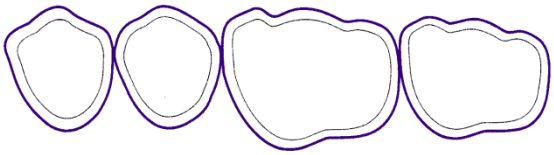
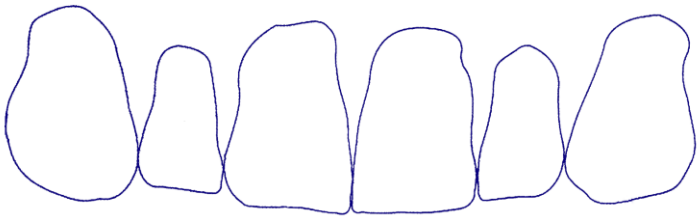
☐ **Full Metal/ZR Lingual**

☐ **High Lingual Collar**

☐ **Lingual Collar**

☐ **Metal Margin**

☐ **¾ Metal Occlusal**

☐ **Full Metal Occlusal**

☐ **Full Contour FGC/FZ**