

Doctor _____

Today's Date ____/____/____

Patient _____

Return Date ____/____/____

male female age _____

(by 3:00pm)



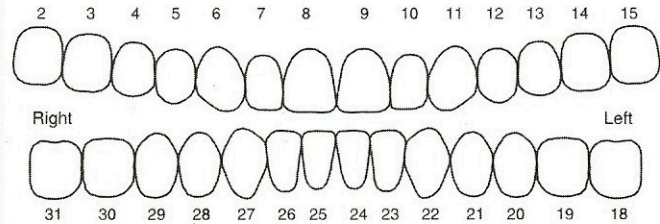
Finesse Dental Lab

1165 MarlKress Rd, Unit-K (P) - 856.424.6650

Cherry Hill, NJ 08003 (F) - 856.424.8171

visit us at www.FinesseDentalLab.net

CROWN & BRIDGE



Tooth #(s)

Shade

Return For:

- Metal Try-In
- Bisque Bake
- Finish

Metal Design

(Please Circle One)



Full Porcelain Coverage



Metal Lingual Collar



360 Metal Collar



Metal Lingual or Occlusal

PFM Substructures

- Non Precious
- VIP/Titanium
- Semi-Precious/Noble
- Ultimate/High Noble
- Captek (88% gold)
- Millenium (89% gold)

Full Cast Crown

- Non Precious
- Semi-Precious
- White Gold
- Yellow Gold

Cosmetic/Metal Free

- Zirconia substructure
- E.Max All Ceramic Crown
- E.Max All Ceramic Veneer
- Composite
- Temporary

DENTURES

- | | | | |
|--|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Full Denture (Premium) | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish | |
| <input type="checkbox"/> Full Denture (Moderate) | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish | |
| <input type="checkbox"/> Partial Flex | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish | |
| <input type="checkbox"/> Partial Flex w/ Framework | <input type="checkbox"/> Cast Only | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish |
| <input type="checkbox"/> Cast Partial (Premium) | <input type="checkbox"/> Cast Only | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish |
| <input type="checkbox"/> Cast Partial (Moderate) | <input type="checkbox"/> Cast Only | <input type="checkbox"/> Try-In | <input type="checkbox"/> Finish |

Pontic Design

(Please Circle One)



Modified



Ovate



Full Ridge



Sanitary

Other Design Options:

- Removable Button
- Porelain Butt Joint
- Metal Contacts
- 360 Hairline Metal Collar

If No Occlusal Room:

- Metal Occlusal/Stop
- Reduce Opposing
- Reduction Coping
- Call to Discuss

IMPLANTS

- | | | | |
|-------------------------------------|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> 3i Biomet | <input type="checkbox"/> Neoss | <input type="checkbox"/> Nobel Biocare | <input type="checkbox"/> Straumann |
| <input type="checkbox"/> Astra Tech | <input type="checkbox"/> Dentsply | <input type="checkbox"/> Keystone | <input type="checkbox"/> Zimmer |
| <input type="checkbox"/> Other | TYPE: | | SIZE: |

Rx* Instructions

Authorized Signature: _____

License Number: _____