



B&B DENTAL CERAMIC ARTS

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PAN NO.

CASE NO.

 DUE DATE TIME

DOCTOR NAME

First Last

PATIENT NAME

M / F

SEX AGE

ITEMS ENCLOSED

- Impressions
- Opposing Model
- Provisional Model
- Solid Model
- Bite Record
- Articulator
- Photos/Slides
- Shade Guide
- Old Crown
- RPD
- Post
- Attachment
- Implant Parts
- etc: _____

- TruZir Shaded
- TruZir Layered
- e.max Shaded
- e.max Layered
- PMMA TruTemp
- PFM/PFC
- FGC/Inlay
- Feldspathic
- Other

Implant:

- Screw Retain
- Cement Retain

Access Hole:

- Metal Porcelain

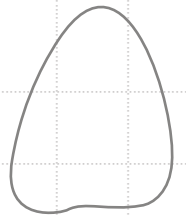
Buccal/Facial Metal Design:

- Porcelain Disappearing Margin
- Porcelain Butt Margin
- Metal Margin (. mm)

Lingual/Occlusal Metal Design:

- | | | | |
|---|---|---|---|
| a | b | c | d |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |
| e | f | g | h |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |

SHADE








OCCLUSAL STAIN

- None Light
- Medium

IF NO OCCLUSAL CLEARANCE

- Trim Opposing
- Trim Die
- Reduction Coping
- Metal Island
- Metal Occlusal

Pontic Design

- | | | | | |
|--|--|--|--|--|
|  |  |  |  |  |
| <input type="checkbox"/> Sanitary | <input type="checkbox"/> Modified Ridge | <input type="checkbox"/> Bullet | <input type="checkbox"/> Ovate | <input type="checkbox"/> Ridge Lap |

Rx

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RETURN FOR

- Die Trim
- Evaluation
- Wax Check
- Metal Try-In
- Bisque Bake Try-In

DOCTOR SIGNATURE

LICENSE NO.

DATE