

Doctor _____ Phone # _____

Address _____

Patient Name _____ M F Age _____

Date _____ Due Date _____

TYPES OF FACIAL CONTOURS



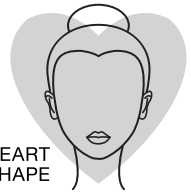
OVAL SHAPE



SQUARE SHAPE



ROUND SHAPE



HEART SHAPE

Diagram of a tooth with a vertical dashed line and two horizontal dashed lines. Below it is a line for 'SHADE'.

STUMP SHADE _____

SHADE

INTERPROXIMAL CONTACT	OCCLUSAL CONTACT
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> T	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> T

ALL CERAMIC

IPS e. max
 CERCON
 PFZ (ZIRCONIA LAYERED)
 FCZ (FULL CONTOUR ZIRCONIA)

IMPLANT TYPE

CUSTOM TITANIUM ABUTMENT
 CUSTOM TITANIUM / ZIRCONIA HYBRID
 SCREW-RETAINED
 CEMENT-RETAINED

PROSTHETICS (All-on-X)
 IMPLANT OVERDENTURE



SIGNATURE _____ LIC # _____