

Dr. \_\_\_\_\_ Patient \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Phone \_\_\_\_\_ Due date \_\_\_\_\_

**Case Instructions**

Shade \_\_\_\_\_

Notes

**Implant Restorations**

**Screw Retained Options**

- Screw Retained Monolithic Restoration
- Screw Retained Layered Restoration

**Custom Abutment Options**

- Ti Abutment and Cementable Monolithic Zirgold
- Ti Abutment and Cementable Monolithic Emax
- Ti Abutment and Cementable Layered Restoration
- Zirconium Abutment and Emax Crown
- Zirconium Abutment and Layered Zirconium Crown

Signature \_\_\_\_\_

**Restorative Materials**

**All Ceramic**

- Emax®
- Empress®
- Layered Zirconium
- Zir-Gold™ Monolithic
- Zir-Gold™ Layered

**Porcelain Bonded to Metal**

- Semi-precious white
- High Noble white
- Milled Titanium white
- Porcelain margin # \_\_\_\_\_

**Metal Design**

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**Cast Gold Restorations**

- 56% gold
- 20% gold

**Occlusion**

- In occlusion
- Slightly out
- Out of occlusion

