



DATE: _____

DOCTOR: _____

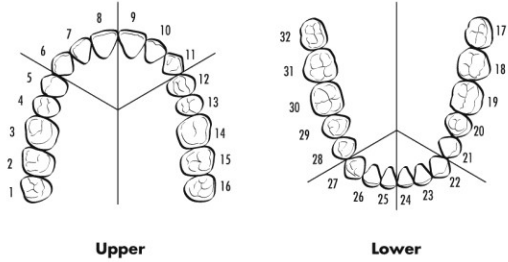
PATIENT: _____

DUE DATE: _____

DOCTOR'S INSTRUCTIONS:

LAB NOTES

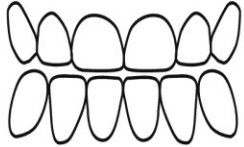
TOOTH NUMBER / CASE DESIGN



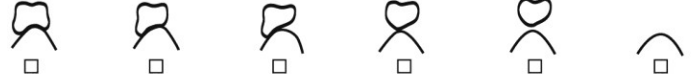
SHADE INDICATIONS

Shade Guide _____

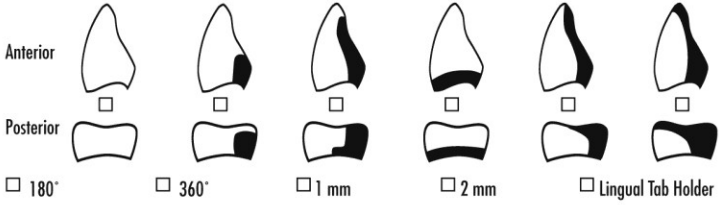
Shade _____



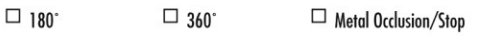
PONTIC DESIGN



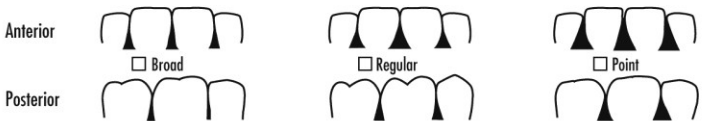
METAL MARGIN DESIGN



PORCELAIN BUTT MARGIN DESIGN



CONTACT DESIGN



IF NO OCCLUSAL CLEARANCE

- Metal Occlusion/Stop
- Reduction Coping
- Adjust Opposing

ENCLOSED ITEMS

- Photos
- Models
- Bite Registration
- Shade Guide
- Old Crown
- Articulator
- Other

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