

FIXED PROSTHESIS

Practician : _____

Address : _____

Telephone : _____

Due date : _____ Try-in: _____ Final : _____

Patient : _____

Age : _____ Female Male

Desired form of communication : Appel Texte Messenger

Email : _____

MATERIALS :

- Precious alloy :
- Yellow gold :
- Titanium :
- Cobalt chrome :
- Zirconia :
- e.max :
- PMMA :
- PEKKTON :

DESIGN :

- Full layering :
- Cut-back / incisal opening:
- Buccal Layering :
- Monolithic :
- Wax-up :
- Wax-up with face shots :

IMPLANT :

- Implant system : _____
- Plateform : _____
- Screw retained :
- Cement retained :
- Custom Abutment :
- Prefabricate abutment :
- Original components :
- Compatible components :
- Components sent : _____

COLOR :

- Desired color : _____
- 1/3 _____
- 1/2 _____
- 1/1 _____
- Stump Shade : _____
- e.LAB :
- Regular photos :

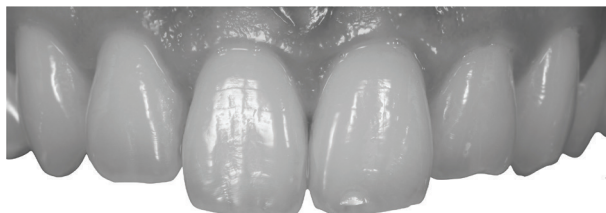
CLEARANCE :

- Adjust opposing tooth : # _____
- Reduction coping :

CONTACTS :

- Interproximal : _____
- Light : Medium : Strong :
- Occlusal : _____
- Out (0.3mm): Light :
- In contact :

Rx: Instructions :



Date : _____ Licence number : _____

Practician signature : _____