

FIXED PROSTHESIS

Practician : _____

Address : _____

Telephone : _____

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

Patient : _____

Age : _____ Female Male

Desired form of communication : Phone Text 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 :

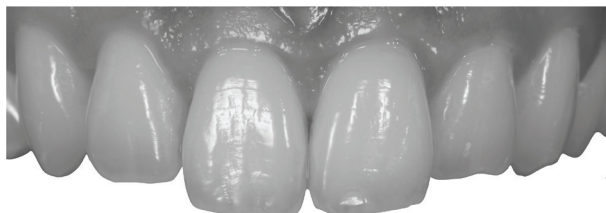
CLEARANCE :

Adjust opposing tooth : # _____
Reduction coping :

CONTACTS :

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

Rx: Instructions :



Date : _____

Practician name : _____

Licence number : _____

Practician signature : _____