



FITZGERALD DENTAL STUDIO

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DUE DATE:

SCHEDULED SEAT DATE:

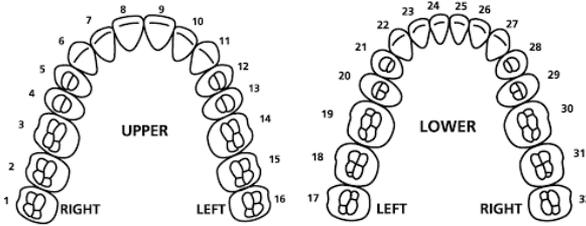
DR.

NAME:

PRACTICE OFFICE:

AGE:

GENDER:



ENCLOSED:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> PHOTOS | <input type="checkbox"/> ARTICULATOR |
| <input type="checkbox"/> MODEL | <input type="checkbox"/> TEMPS |
| <input type="checkbox"/> BITE | <input type="checkbox"/> OLD CROWN |
| <input type="checkbox"/> IMPRESSION | <input type="checkbox"/> ANALOG |
| <input type="checkbox"/> _____ | |

CROWN/BRIDGE/VENEER

- AESTHETIC ZONE ZIRCONIA
 - MULTILAYER ZIRCONIA
 - HIGH TRANSLUCENCY ZIRCONIA
 - PORCELAIN FUSED TO ZIRCONIA
 - LITHIUM DISILICATE
 - PMMA
 - FULL CAST GOLD CROWN
 - 58% 40% 2%
 - OTHER
- _____

IMPLANTS

- MANUFACTURER/TYPE: _____
- TITANIUM BASE
 - SCREW RETAINED
- CUSTOM ABUTMENT
 - SCREW RETAINED
 - CEMENT RETAINED
- TRU-ABUTMENT/DESS/MIST
- GENUINE PARTS*
- _____

*Genuine parts may incur additional costs.

FINAL SHADE:

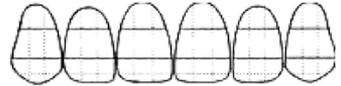
(Vita Classic is default.)



CURRENT:

STUMP:

TISSUE:



OCCLUSAL STAINING

- NONE LIGHT MEDIUM DARK

SPECIAL INSTRUCTIONS/OTHER:

- SEND:** SHIPPING LABELS
SHIPPING SUPPLIES
LAB SLIPS

CONTACT? YES NO CONTACT NAME/NUMBER: _____

SIGNATURE

DATE:

LIC#