

PACIFIC



31883 Corydon Rd. #130
Lake Elsinore, CA 92530
800-300-7614

_____ by 5 PM
DUE DATE

TODAY'S DATE

DR. NAME

ADDRESS

CITY, STATE, ZIP

DR. PHONE NUMBER

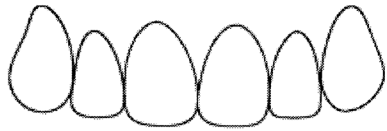
PATIENT NAME

SEX M F

AGE _____

TEETH NUMBERS TO BE WORKED ON

| PATIENT'S RIGHT SIDE | | | | | | | | PATIENT'S LEFT SIDE | | | | | | | |
|----------------------|----|----|----|----|----|----|----|---------------------|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |



SHADE _____
STUMP _____

VALUE

- High
- Medium
- Low



- Translucency Heavy Medium Minimum None
- Lobing Yes No
- Surface texture Heavy Medium Light
- Occlusion stain Heavy Medium Light None Occlusion Stain Color _____
- Hypo-Calcification Heavy Medium Light

INSTRUCTIONS:

RETURN FOR

- Die Trim Evaluation Wax check Metal Try-in Bisque Finish

PLEASE SEND

- Rx Air Bills Boxes Bags

SIGNATURE OF DENTIST

DENTIST LICENSE #

CROWN & BRIDGE

PFM METALS

- Semi Precious Yellow High Noble Porcelain Shoulder Show No Metal 360°
 White High Noble Captek Show No Metal (disappearing metal margin) Metal Margin Metal Margin 360°

FULL METALS

- 63% AU Type IV Noble
 75% AU Type III Noble
 77% AU Type II High Noble
 Semi Precious
 White High Noble
 Yellow High Noble
 High Noble Hypo-Allergenic

METAL DESIGN

- Full porcelain coverage
 Partial metal occlusion
 Full metal occlusion including buccal cusp tips

PONTICS

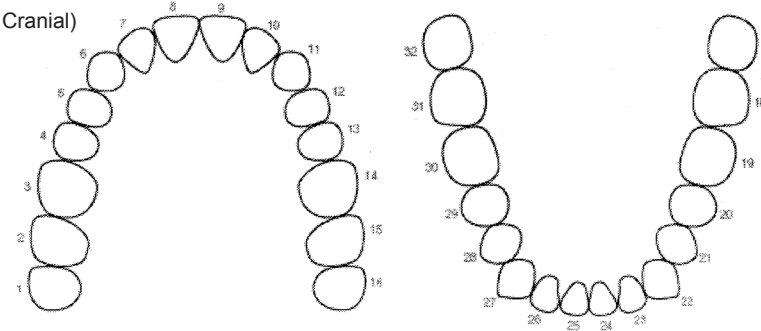
- Sanitary
 Bullet
 Ovate
 Half Ridge lap
 Full Ridge lap

NON-METAL RESTORATION

- Lava Procera Wol-Ceram Other _____

REMOVABLE PROSTHETICS

- CADenture (Staub Cranial)
 Flexible Partial
 Custom Tray
 Stay Plate
 Mental Partials
 Bite Rims
 Immediate Denture
 Standard Denture



INSTRUCTIONS:

