

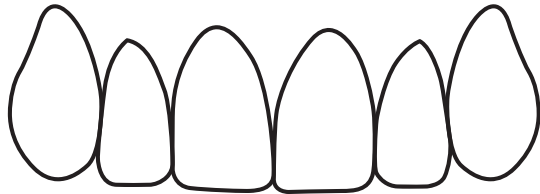


Office: 813.874.0004  
Fax: 813.874.5354

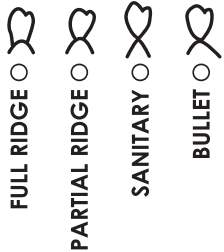
Doctor's Name: \_\_\_\_\_  
 Address/Location: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Patient First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Age:       Male     Female  
 More labels can be downloaded at:  
[www.aestheticdesign.com](http://www.aestheticdesign.com)

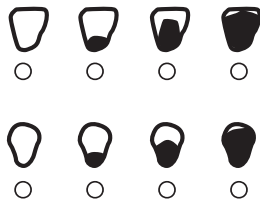
SHADE



PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- Full porcelain coverage
- Porcelain with lingual metal collar
- Metal occlusal excluding buccal cusp
- Metal occlusal including buccal cusp

OCCLUSAL STAINING

- None
- Light
- Medium
- Dark

INSTRUCTION FOR BUCCAL MARGIN

- 360° metal hairline or \_\_\_\_mm.
- Metal-porcelain junction margin
- Porcelain buff margin

Signature: \_\_\_\_\_

D.D.S. License # \_\_\_\_\_

**Rx** PLEASE PRINT CLEARLY AND COMPLETELY

TOOTH NUMBER

PLACE TRACKING STICKER ON YOUR COPY HERE

PFM  
 Non-precious  
 Noble, White  
 High Noble, White  
 Captek

ALL CERAMIC  
 Full Emax  
 Full Zirconia  
 Layered Emax  
 Layered Zirconia  
 Porcelain Veneer

FULL CAST  
 Noble Yellow  
 High Noble, Yellow 59%  
 High Noble, Yellow 77%  
 High Noble, White  
 Noble, White  
 Non-precious

TEMPS  
 Milled Temps  
 Resin Temps  
 Resin Temps with metal

ACRYLIC  
 Full Denture  
 Chrome Partial  
 Flexible Partial  
 Custom Tray  
 Bite Block

ENCLOSED Note: Please send a study model on all work involving anterior teeth

- Impressions
- TT
- Bite
- Models
- Artic
- Crown/Bridge
- Other