DashDent (07) 5519 9888

Office use

Doctor: ..... Date: .....

Patient: ..... Age: ..... ☐ Male ☐ Female

Date Due: ..... Time: ..... AM/PM

ALL CERAMIC

☐ **E.MAX**
- ☐ Monolithic
- ☐ Porc. Layered

☐ **ZIRCONIA**
- ☐ Monolithic
- ☐ Porc. Layered

IMPLANTS

☐ **SCREW RETAINED**

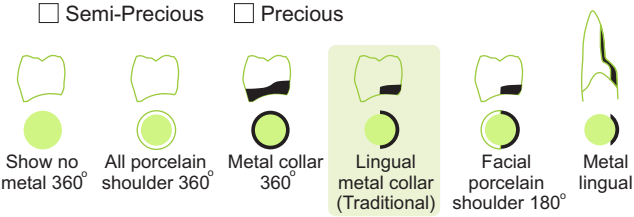
☐ e.Max ☐ Zirconia ☐ PFM

Implant Brand ..... *Size* .....

METAL RESTORATION

☐ **PFM**

☐ Semi-Precious ☐ Precious



☐ **FULL GOLD CROWN**
- ☐ Non-Precious (CoCr)
- ☐ Semi-Precious (Yellow)
- ☐ Precious (Yellow Gold)

☐ **POST & CORE**
- ☐ Semi-Precious (Yellow)
- ☐ Precious (Yellow Gold)

CROWN DESIGN

OCCLUSAL
- ☐ Light
- ☐ Open
- ☐ Tight

CONTACT
- ☐ Light
- ☐ Medium
- ☐ Heavy

PONTIC DESIGN

☐ ☐ ☐ ☐

IF INSUFFICIENT ROOM
- ☐ Trim opposing
- ☐ Reduction Coping
- ☐ Send back for re-prep

Standard design if an option is not selected

17	16	15	14	13	12	11	21	22	23	24	25	26	27
47	46	45	44	43	42	41	31	32	33	34	35	36	37

☐ Photo Sent

Shade@dashdent.com.au

Shade .....

Stump shade .....

INSTRUCTIONS

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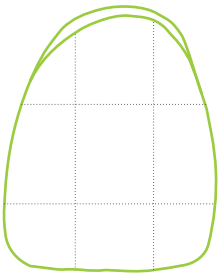
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