



1239 BUGSCUFFLE RD., HIAWASSEE, GA 30546 / TELEPHONE 706-896-9386

SHADE INSTRUCTIONS

Shade No. _____

Incisal

- Light
- Medium
- Heavy

Occlusal Staining

- Light
- Medium
- Heavy

Approx. Age _____

Please indicate the distribution of color dispersion and the types of characterizations desired.





- BruxZir Full Contour
- Zirconia Crown
- E-max Crown
- Authentic All Ceramic
- Imagine Crown
- Metal Try-In
- Metal Ging. Band 360°
- Metal Ging. Band-Lingual Only
- Bandless
- Porc. Shoulder Margin
- Porc. Fused To White Gold Alloy
- Porc. Fused To Yellow Gold Alloy
- Porc. Fused To Non-Precious Alloy
- Porc. Fused To Semi-Precious
- Gold Crown
- Semi-Cast Crown

DESIGN INSTRUCTIONS



POSTERIORES

-  Metal Coping
All Porcelain Coverage
-  Metal Occlusal
Excluding Buccal Cusp
-  Metal Occlusal
Including Buccal Cusp

ANTERIORES

-  Metal Coping
-  3/4 Metal Lingual

MAXILLARY CUSPIDS

-  Metal Coping
-  1/4 Metal Lingual

PONTICS

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- 
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Patient _____

Date _____ Appt. Date _____ Time _____

NOTE: Please send a study model on all work involving anterior teeth.

Please send me the following

- Rx Pad
- Price List

Dr. _____ (signature)

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____