

High End Dental Laboratory

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Dr. _____

DUE DATE Rush

Address _____

City _____

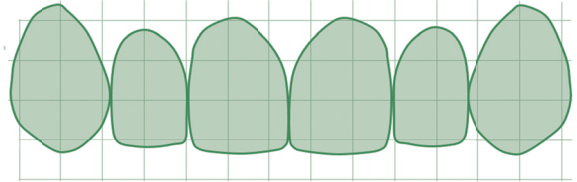
Phone _____

Pt. Name _____

Tooth # _____ Shade _____

CROWN BRIDGE

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> PFM | <input type="checkbox"/> Post&Core | <input type="checkbox"/> Ni-Cr |
| <input type="checkbox"/> FMC | <input type="checkbox"/> Post&Core+rown together | <input type="checkbox"/> Co-Cr |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> Inlay&Onlay | <input type="checkbox"/> Titanium |
| <input type="checkbox"/> E.max | <input type="checkbox"/> Veneer | <input type="checkbox"/> White Gold |
| | | <input type="checkbox"/> Yellow Gold |
| | | <input type="checkbox"/> Semi-precious Au-Pd |



IMPLANT CAPTEK

METAL DESIGN



PONTIC DESIGN

Porcelain butt margin Buccal 360°

- | | | | |
|------------------------------|---------------------------------|-----------------------------------|---|
| Interproximal contact | <input type="checkbox"/> Slight | <input type="checkbox"/> Normal | <input type="checkbox"/> Heavy |
| Embrassure | <input type="checkbox"/> Open | <input type="checkbox"/> Moderate | <input type="checkbox"/> Close |
| Staining | <input type="checkbox"/> None | <input type="checkbox"/> Little | <input type="checkbox"/> Moderate <input type="checkbox"/> Dark |
| Occlusion | <input type="checkbox"/> None | <input type="checkbox"/> light | <input type="checkbox"/> Heavy |

Translucency from 1 to 5

- 1. Opacious
- 2. Not Very Translucent
- 3. Somewhat Translucent
- 4. Translucent
- 5. Very Translucent

SPECIAL INSTRUCTIONS: