

Pan #

A-Plus Dental Laboratory
(925) 606-0574



Dr. _____

Patient _____

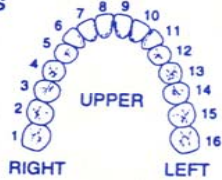
Prep. Date _____

Due Date _____ AGE: _____ F M

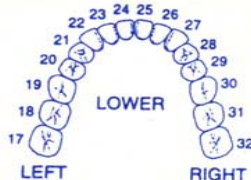
SHADE INSTRUCTIONS



SHADE



UPPER
RIGHT LEFT



LOWER
LEFT RIGHT

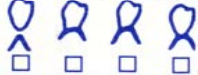
DESIGN INSTRUCTION

OCCUSAL STAINING

- NONE LIGHT MEDIUM DARK

STANDARD UNLESS OTHERWISE SPECIFIED

PONTIC DESIGN



ANTERIOR

- Metal Coping
 Metal Lingual
 Metal Lingual

POSTERIOURS

- Metal Coping
All porcelain coverage
 Metal Occlusal
Excluding buccal cusp
 Metal Occlusal
Including buccal cusp

IF NO OCCUSAL CLEARANCE

- Metal Occlusal
 Reduction Coping
 Spot Opposing
 Reduce Opposing

ALLOY TYPE

- Non-Precious
 Semi-Precious
 white High Noble
 Ceramic Gold(yellow)
 Yellow Gold
 Captek Comparable Gold(yellow)

**Please Do Not Schedule Patient
Same as Due Date**

BUCCAL MARGIN DESIGN

- Metal Margin Hairline _____ MM on Buccal
 Metal Porcelain Junction Margin
 Porcelain Butted Margin (90° Shoulder Req.)

* STANDARD UNLESS OTHERWISE SPECIFIED

TYPE OF RESTORATION

- Porc. Fused to metal Finesse All Ceramics
 Low Porc. Fused to metal Finesse Veneer
 Full Metal Crown Finesse Inlay & Onlay
 IPS Empress IPS Empress II

INSTRUCTIONS:

Doctor's Sign. _____

License No. _____

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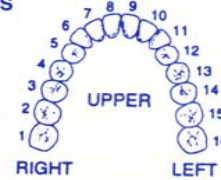
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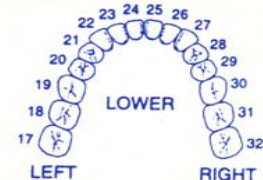
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