

Porcelain bonded to metal

- 81SF+ (81% pd, 2%au, silver free, copper free) white noble (*economical*)
- JP1 (51.5% au, 38.5% pd) white high noble (*recommended for most cases*)
- SBN (82.4%au, 15% pt) yellow high noble (*preferred for yellow au bridges*)
- Bio 880 PF (88%au, 9.5% pt) yellow high noble (*preferred for single units*)
- Bio 2000 (99.7% au) yellow high noble (*very yellow, for single units only*)

Full coverage porcelain Metal occlusal or lingual

Metal margins B ___ M ___ D ___ L ___ mm

Porcelain margin B M D L No metal to show

Lava™ milled zirconium-oxide supported restoration

Creation pressed shaded Creation pressed layered

Empress pressed shaded Empress pressed layered

Feldspathic porcelain jacket Porcelain laminate (veneer)

Implant Parts enclosed Order parts _____

(type of implant, manufacturer and size)

Diagnostic wax-up Duplicate model Surgical Stint

Full cast crown , Inlay, or Onlay

- 81 SF+ (81%pd, 2%au) white noble
- JP1 (51.5% au, 38.5% pd) white high noble
- Argenco 52 (51.5% au, 24.4%ag, 16.5% cu) yellow noble
- Argenco 58 (58%au, 27%ag, 10.45%cu) yellow high noble
- Argenco 75 (74.5%au, 3.5%pd, 11%ag, 10.5%cu) yellow high noble

Removable partial involved with case _____

Patient's Phone Number

Attachment or stress breaker _____

(Type of attachment, tooth number, and position on tooth)

Integrity

DENTAL CERAMICS

1305 Cimarron Trail
Hurst, Texas 76053
817-282-8705

Doctor	
Patient Name	
Pick-up Date	Delivery Date

Tooth Number(s)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Shade _____ Custom shades by appointment.															
Shade of preparation _____ Needed for ceramic metal free restorations.															
Instructions and pontic design _____															
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Return for die trim <input type="checkbox"/> Metal try-in <input type="checkbox"/> Porcelain contour review </div> <div style="display: flex; justify-content: space-between;"> Enclosed with case: <input type="checkbox"/> Impression <input type="checkbox"/> Opposing <input type="checkbox"/> Bite <input type="checkbox"/> Study models </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Partial <input type="checkbox"/> Parts <input type="checkbox"/> Crowns </div>															

Call Dr. for instructions

Dr. Signature and Number