

DENTAL STUDIO



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ENAMEL

Dr. _____ Due Date _____

Patient: _____ Sex: M F Age: _____

- | | |
|---|---|
| <input type="checkbox"/> Porc. Fused to High Noble Gold | <input type="checkbox"/> Zirconia Full Crown |
| <input type="checkbox"/> Porc. Fused to Semi Precious | <input type="checkbox"/> Zir Layered (Porc. Facing) |
| <input type="checkbox"/> Porc. Fused to Non Precious | <input type="checkbox"/> Esthetic Zirconia (E-Zir) |
| <input type="checkbox"/> Full Cast Yellow Gold | <input type="checkbox"/> IPS e.Max Stain |
| | <input type="checkbox"/> IPS e.Max Layered |

Porcelain to Metal Designs

- | | | | | | | |
|--------------------------|------------------------------|--------------------------------------|---|--------------------------|---|--------------------------|
| | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Por
Butt
Margin | All Por.
Cover
No Bend | All Por.
Cover
Lingual
Bend | Lingual
Bend &
Facial Metal
Collar | Metal
Occlusal | Metal
Occlusal &
Facial Metal
Collar | Full
Cast
Crown |

Pontic Designs

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanitary /
Hygienic | Ridge-Lap | Conical | Modified
Ridge-Lap | Ovate |

Occlusal Contact

- Tight Light Out of Contact
- If there is not enough occlusal clearance*
- Reduce Opposing Reduce Abutment/prep (Need Reduction Coping)
- Call To Discuss

Shade Instruction

Final Shade _____
 Stump Shade _____

Custom Call Email Old Crown

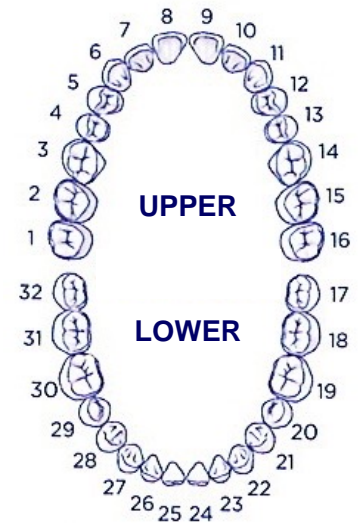
Occlusal Stain

- None Light Medium Dark

Implant

- Implant Type**
- Cement Type Screw Type
- Cement Type with Screw Access Hole
- Abutment Type**
- Titanium Zirconia UCLA Stock

Tooth No.: _____



Signature: _____ License # _____