

**DENTAL OFFICE**

**Michael's Dental Lab**

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**DENTIST SIGNATURE**

(REQUIRED)

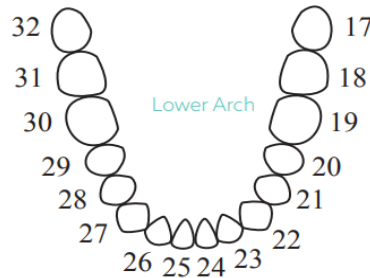
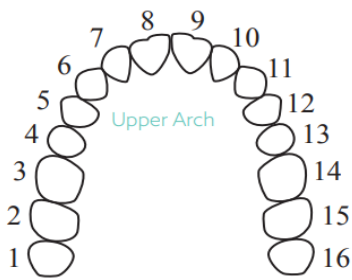
**LICENSE NUMBER**

(REQUIRED)

**Rx DATE**

**PATIENT NAME**

**DUE DATE**



**TOOTH SHADE**

(REQUIRED)

**SHADE GUIDE**

(Vita is default)

**Zirconia/ All Ceramic**

- Zirconia Solid\*  
(Not recommended for anterior)
- Zirconia Layered
- IPS e.max® Press

**PFM**

- White HN
- Semi-precious
- Non-precious
- Yellow HN (for PFM)

**Full Cast**

- Yellow HN Gold
- White HN
- Semi-precious
- Non-precious

**Other**

- Diagnostic wax-up
- Temporary

**Restoration**

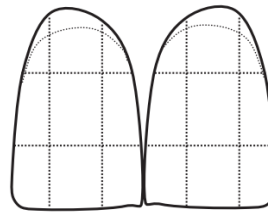
- Crown\*
- Bridge
- Implant
  - o Screw Retained
  - o Custom Titanium Abutment

**Return For**

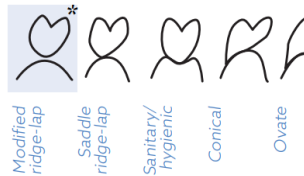
- Die trim
- Bisque
- Metal try-in
- Finish\*

\* Standard design if an option is not selected.

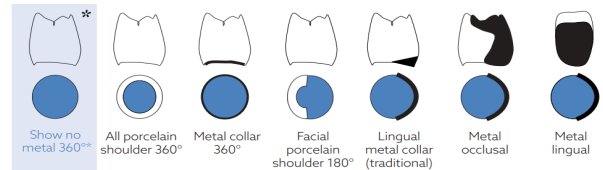
**Characterizations**



**Pontic Design**



**Margin Design**



**Insufficient room**

- Trim Opposing\*
- Trim prep no coping
- Call to discuss

**Occlusal Contact**

- Light\*
- Open
- Tight

**Interproximal Contact**

- Light\*
- Medium
- Heavy