

PATIENT ID: ..... DATE: .....

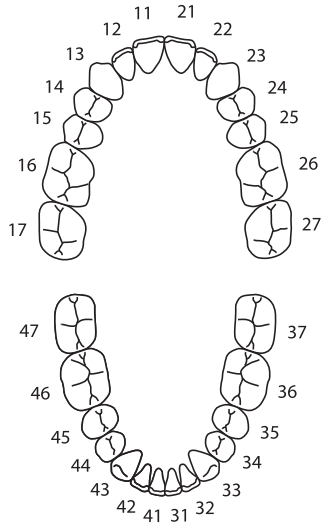
DR. NAME: .....

ADDRESS: .....

TELEPHONE: ..... E-MAIL: .....

**MATERIALS SUPPLIED:**

- IMPRESSION     PRE-OP MODEL     BITE REGISTRATION     ARTICULATOR     PHOTO / EMAIL PHOTO     OTHER  
 OPPOSING MODEL     PROVINCIAL MODEL     FACE BOW / BITE FORK     SHADE TAB     IMPLANT COMPONENTS .....



**TOOTH RESTORATION & ALLOY**

- PORC. MARGIN     PRECIOUS     PORCELAIN VIBRANT VENEERS  
 DIS. METAL MARGIN     SEMI PRECIOUS     E.MAX MONOLITHIC  
 METAL OCCLUSAL     NON PRECIOUS     E.MAX LAYERED  
 DIAGNOSTIC WAX-UP     PROVISIONAL     ZIRCONIA LAYERED  
 ZIRCONIA MONOLITHIC

**PONTIC DESIGN**

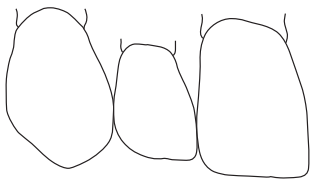
- RIDGE LAP     MODIFIED RIDGE LAP     OVATE     HYGENIC \_\_\_\_MM OFF RIDGE



**CROWN & BRIDGE**

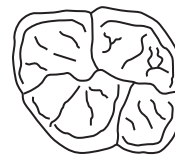
SHADE: \_\_\_\_ STUMP \_\_\_\_

E-mail photos to:  
shade@rotsaertdental.com



Low    MEDIUM    HIGH

- TRANSLUCENCY              
VALUE              
LUSTRE



**OCCLUSAL STAIN**

- NONE     LIGHT  
 MEDIUM     DARK

**ARTICULATOR SETTINGS**

**BENNET** R \_\_\_\_ L \_\_\_\_

**HCI** R \_\_\_\_ L \_\_\_\_

**NOTES:**

PLEASE CONTACT ME VIA E-MAIL: ..... TELEPHONE: .....

**REDUCE**     PREPARATION     OPPOSING     REDUCTION COPING

**STAGE RETURN**     DIE / TRIM MODELS     METAL TRY-IN     PORC / BISQUE BAKE     FINISHED

**DATE REQUIRED:** ..... **AUTHORIZING SIGNATURE:** .....