

Date: _____ Office Phone: _____

Doctor: _____

Patient: _____

Return Date: _____ Return Time: _____ AM _____ PM

(Rush dates not guaranteed without prior approval; charges may apply.)

Male ☐ Female ☐

Tooth Shade(s): _____ Stump Shade: _____

Shade may determine material choice due to esthetics

All Ceramics:

Zirconia: ☐ FZ (Strongest)* ☐ HTFZ (Hi-Translucent) ☐ PFZ (Layered)
DefaultLithium Disilicate: ☐ e.max®PFM Alloy: ☐ Yellow High Au (+70%) ☐ White Ag-Pd; Au (1-3%)*
Default
☐ Other _____FGC Alloy: ☐ Yellow High Au (+70%) ☐ Yellow Med Au (40-60%)*
Default
☐ Low Au (1-3%) ☐ Other _____OTHER: ☐ Post & Core ☐ PMMA Temp

Please indicate case requirements below:

Centric Contact: ☐ Positive ☐ Shim Relief* ☐ Double Relief
DefaultPontic Design: ☐ Hygenic _____ mm ☐ Ridge Lap* ☐ Ovate _____ mm
DefaultLat. Excursion: ☐ Cuspid Guidance ☐ Group Function ☐ Cross BiteOcclusion: ☐ Ceramic* ☐ Metal In Centric ☐ All Metal
DefaultMargin: ☐ Ceramic Butt ☐ Combination* ☐ Fine Metal
Default*In case of
inadequate
clearance: ☐ Reduce Opposing ☐ Reduction Coping ☐ Call to discuss

Notes:

Study models of pre-op/temps highly recommended for anterior restorations.

☐ Shade photo attached-Email: info@shantodental.com | Upload: shantodental.com☐ Custom Shade-Book an online appointment at shantodental.com

Doctor's Signature: _____

License No: _____