

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: _____

Implant System Manufacturer: _____

Platform (Connection), Size/Type: _____

Retention: ☐ Screw ☐ ASC (Angulated Screw Channel) ☐ Cement**Abutment(s):**Stock: ☐ Ti -Base ☐ Ti - AbutmentCustom: ☐ Titanium ☐ Zirconia (w/Ti-base) ☐ All Zirconia ☐ Cast-to (UCLA)**Super-frame Material:**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: ☐ PMMA Temp**Please indicate case requirements below:**

Centric Contact:	<input type="checkbox"/> Positive	<input type="checkbox"/> Shim Relief* Default	<input type="checkbox"/> Double Relief
Pontic Design:	<input type="checkbox"/> Hygenic _____ mm	<input type="checkbox"/> Ridge Lap* Default	<input type="checkbox"/> Ovate _____ mm
Lat. Excursion:	<input type="checkbox"/> Cuspid Guidance	<input type="checkbox"/> Group Function	<input type="checkbox"/> Cross Bite
Occlusion:	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Metal In Centric	<input type="checkbox"/> All Metal
Margin:	<input type="checkbox"/> Ceramic Butt	<input type="checkbox"/> Combination* Default	<input type="checkbox"/> Fine Metal

Notes:

Dentist is Providing:

☐ Analog(s) _____ ☐ Abutment(s) _____ ☐ Other _____

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: _____