

CASE #: _____

Type of Fixed Restoration

- PFM
- FGC
- Gold Inlay/Onlay
- Feldspathic
- Procera Alumina
- Zirconia
- Pressable (authentic)
- Pressable (e.max Monolithic)
- Pressable (e.max layered)

Type of Metal

- High Noble (Precious)
- Noble (Semi Precious)
- Type II
- Type III 60%
- Type III 40%

Type of Occlusal Surface

- All Porcelain
- Metal Island
- 2/3 Metal
- Full Metal

Type of Buccal Margin

- Porcelain Shoulder (Butt)
- Disappearing Margin
- Metal _____

Type of Lingual Margin

- Disappearing Margin
- Metal _____

Miscellaneous

- Mount on Semi-Adjustable Articulator

Future restoration:

For Lab Use Only

Payment is due upon receipt of statement.
 Total statement amount due Net 15 days.
 All past due invoices will be subject to a finance charge.
 The undersigned is responsible both corporately and personally.
 Your signature is acceptance of these terms.

 Dr.'s Signature License # Date

subrisi@yahoo.com

Subrisi

Smile Technology LLC

11943 124th Ave NE
 Kirkland WA 98034
 425-825-9000

DR. NAME: _____ RX DATE: _____

PATIENT NAME

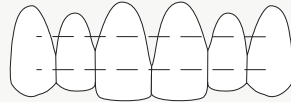
 DELIVERY DATE: _____

Tooth # _____

MALE FEMALE AGE _____

Shade Desired _____ Stump shade _____

SPECIAL CHARACTERIZATION MAP



ENCLOSED PHOTOS CD SD CARDS IMPLANT PARTS

RESTORATION INSTRUCTIONS

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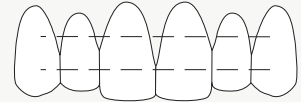
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