# STUDIO 2 DENTAL

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Doctor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Patients Name: _____

Return Date: _____
Today's Date: _____
❑ Please contact us regarding this case.

❑ PFM
- ❑ High Nobel
- ❑ Semi
- ❑ Precious Free

❑ Full Cast & Yellow
❑ e.Max Cad
❑ e.Max Press
❑ Zirconia (All Ceramic)
❑ Bruxzir
❑ Telio CAD Acrylic Temps

❑ Snap On Smile * Please call for details

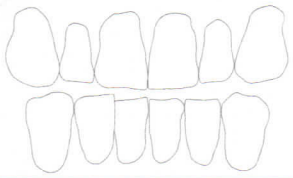
Coping Design
❑ Full Coverage Show No Metal
❑ Metal Lingual Collar
❑ Metal Occlusal
❑ Butt Joint Margin
❑ 360° Metal Collar

Implant Abutments
❑ Titanium ❑ Zirconia
Implant Size: _____
Implant System: _____

Contacts
❑ Light
❑ Standard
❑ Strong

Occlusal Staining
❑ None
❑ Light ❑ Heavy
❑ Medium

Tooth #: _____ Shade: _____



Additional Instructions:

Dr. Signature: _____ Licence#: _____