

**Clinic:** .....

**Case No:** .....

**Dentist:** .....

**Date:** .....

**Patient:** .....

**Due Date:** .....

Male  Female

## REMOVABLES

### Framework

Metal Framework

### Try-in With Teeth

Teeth Wax Try-in

### Flexible Denture

Valplast Processing

### Acrylic Partial Denture

Acrylic Processing

### Orthodontic Appliance

Orthodontic Retainers

Expansion Device

SOMA Type 1 Appliance

SOMA Type 7 Appliance

### Occlusal Splints

Mouthguard + Color .....

Night Guard Hard

Night Guard Soft

Night Guard Soft/Hard

Flat Plane  Michigan  Canine rise  NTI

### Extra Charges

Bite Block

Bleaching Tray

Custom Tray

Add Wire Clasp

Metal Mesh

Add Clear Aesthetic Clasp

Add Flexible Clasp

Denture Repair

Denture Reline

## FIXED RESTORATIONS

Crown  Bridge

### All Ceramic

Full Zirconia

High translucent 3D Zirconia

Porcelain-Fused-to-Zirconia

E.max®

Temporary Crown PMMA

### Porcelain Fused To Metal

PFM Non Precious

PFM Semi Precious

PFM High Noble

### If No Occlusal Clearance

Metal Occlusion

Reduction Coping

Adjust Opposing

Email

### Proximal Contact



Normal\*  Extended

### Implant

Implant Bundle

(Customized Abutment + Lab Analog + Soft Tissue Model)

Screw Retained  Cement Retained

Overdenture

Ti Bar

All on X

Surgical Guide

### Full Cast Restoration Alloy Shade

Non Precious  Silver

Semi Precious  Yellow

High Noble

### PFM Design

Full Porcelain Margin

180 Metal Margin

360 Metal Margin

Metal Island  Metal Occlusion

### Occlusal Contact



Heavy  Light\*  No

### Embrasure



Open\*  Close

## INSTRUCTIONS:

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**Shade:** .....

**Stump Shade:** .....

