

Dentist:	Company:	No.:
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Patient:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date:
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DATES Special tray / Bite: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frame try in: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Biscuit try in: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wax try in: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fit:	Lab:	<input type="checkbox"/> Post & core <input type="checkbox"/> Frame <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Study model <input type="checkbox"/> Inlay / Onlay <input type="checkbox"/> Veneer <input type="checkbox"/> Prosthesis <input type="checkbox"/> Provisory <input type="checkbox"/> Metal plate <input type="checkbox"/> Special tray <input type="checkbox"/> Wax bite	<input type="checkbox"/> Zircon <input type="checkbox"/> Press <input type="checkbox"/> Gradia <input type="checkbox"/> PBC <input type="checkbox"/> Gold <input type="checkbox"/> Edel Metal <input type="checkbox"/> PMMA <input type="checkbox"/> Acrylic <input type="checkbox"/> Bleaching tray <input type="checkbox"/> Retention tray <input type="checkbox"/> Night guard <input type="checkbox"/> 1 mm <input type="checkbox"/> 2 mm <input type="checkbox"/> 3 mm
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Color: Neck Body Incisal		Transparency <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> High	Occlusal staining <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wax bite	<input type="checkbox"/> Veneer <input type="checkbox"/> Prosthesis <input type="checkbox"/> Provisory <input type="checkbox"/> Metal plate <input type="checkbox"/> Special tray <input type="checkbox"/> Wax bite	<input type="checkbox"/> 1 mm <input type="checkbox"/> 2 mm <input type="checkbox"/> 3 mm
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UPPER															Implant type:			
R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L	Implant size:
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		<input type="checkbox"/> Cement-retained <input type="checkbox"/> Screw-retained
LOWER															<input type="checkbox"/> Antagonist will change <input type="checkbox"/> Antagonist will NOT change			

Notice:	<input type="checkbox"/> Photo	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Call me back!	Phone:	<input type="checkbox"/> Porcelain shoulder <input type="checkbox"/> Metal collar / Zircon collar <input type="checkbox"/> all-round <input type="checkbox"/> palat. / lingv.
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<input type="checkbox"/> Irregularity <input type="checkbox"/> Diasthema	<input type="checkbox"/> Antagonist will change <input type="checkbox"/> Antagonist will NOT change
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Impression: Bite: Model:	Laborimplant: Alloy: Weight:
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