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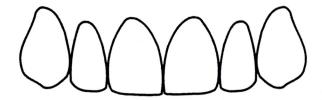
| ATIENT | M/F APPROX. AG |
|----------------------|-----------------------|
| NCOMING DATE | FINISH DATE |
| ☐ Laminate (s) | ☐ Zirconia Layered |
| ☐ Full Contour Zir | ☐ ←Max Cad / Ultimate |
| □ Inlay/Onlay (s) | ☐ Implant |
| ☐ PFM Gold Crown | ☐ Empress Esthetic |
| INCISAL LENGTH: | TEXTURE: |
| ☐ No Lengthing | ☐ light |
| ☐ Incisal Wrap | ☐ Mod. |
| ☐ Follow Study Model | □ Неаvų |
| Incisal embrasure: | GLAZE: |
| □ Open | □ low |
| □ Average | |
| Closed | ☐ High |
| GINGIVAL EMBRASURE: | ETCHING: |
| □ Open | □ Etched |
| ☐ Average | Unetched |
| Closed | |
| | |
| Dentist License No.: | |
| Dentist Signature: | |

Cerec In Lab Certified

UHT / IPS / IPS Zirconia / E-Max / Empress

SHADE INSTRUCTIONS:

| Prepared Tooth Shade: | | | Desired Tooth Shade: | |
|-----------------------------|---------------|--------|-----------------------------|--|
| Gingival Body Incisal | | | Gingival Body Incisal | |
| Degree of | opacity: Min. | ☐ Med. | Max. | |



Please include study model on anterior work.

GENERAL INSTRUCTIONS:

Tooth Number (s)