 RESTORATION: SPECIAL INSTRUCTIONS:

 [ ]  Zi Prettau Click or tap here to enter text.

 [ ]  Zi Prettau Layered

 [ ]  Zi Prettau Anterior

 [ ]  Lithium Disilicate

 [ ]  Lith. Disil. Layered

 [ ]  PFM\*

 [ ]  FGC

 [ ]  Implant S/R Zi Prettau

 [ ]  Implant S/R PFM

 Other Click or tap here to enter text.

\*FOR PFM’S ONLY:

No metal to show Buccal Y[ ]  N[ ]  360 No Metal to show Y[ ]  N[ ]

Metal Lingual Collar Y[ ]  N[ ]  Metal Occlusal / Lingual Y[ ]  N[ ]

360 Metal Collar Y[ ]  N[ ]  Porcelain Butt Joint Margin Y[ ]  N[ ]

Dr. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREP DATE

Click or tap here to enter text.

DUE DATE

Click or tap here to enter text.

\*Dentist: Click or tap here to enter text.

\*Patient: Click or tap here to enter text.

\*TOOTH #: Click or tap here to enter text.

20816 N 20th Avenue Ste 5

Phoenix AZ 85027

623-463-0100

Email: pdai2015@gmail.com



SHADE: Click or tap here to enter text.

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