

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.

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SHADE: Click or tap here to enter text.