

RESTORATIONS

PORCELAIN TO GOLD

- Porcelain to High Noble Yellow _____ Tooth# _____
- Porcelain to High Noble White _____
- Porcelain to Semi-Precious _____
- Other _____

ALL CERAMIC

- Zirconia Bridge _____ Tooth# _____
- Zirconia Crown _____
- Empress® _____
- Eris® (E²) _____

- Apply Signature Porcelian System-
Customized multiple layering process
(Applied to all Anterior Restorations) _____

CAST GOLD

- High Noble Yellow Gold _____ Tooth# _____
- Semi-Precious _____

MISCELLANEOUS

- Implant surgical guide _____ Tooth# _____
- Diagnostic Wax-up _____
- Provisional Matrix _____
- Nightguard _____
- Other _____

REMOVABLE

- Denture (use instruction panel for detail)
- Partial
- Flipper

Shade Desired

Stump Shade

(Empress only)



Modified



Socket



Porcelian
Butt
Margin



Full Metal
Collar (360°)



Buccal Cusp
Porcelain
(Metal Occlusal)



Full Metal
Occlusal



Metal
Lingual



1408 Horizon Avenue
Lafayette, CO 80026

Phone: 303.494.2118

Fax: 303.494.1766

DOCTOR

ADDRESS

PHONE

DELIVERY DATE _____

PATIENT NAME _____

Male Female Age _____

RESTORATION INSTRUCTIONS

Payment is due upon receipt of statement. Total statement amount due by the 15th of the month.
All past due invoices will be subject to a finance charge. The undersigned is responsible
both corporately and personally. Your signature is acceptance of these terms.

Dr's Signature _____ License# _____ Date _____

INSTRUCTIONS CONTINUED

SPECIAL CHARACTERIZATION MAP

