

RESTORATIONS

ZIRCONIUM RESTORATIONS Tooth#

- PFZ - layered porcelain _____
- FZR w/porc facial _____
- FZR - monolithic _____

ALL-PORCELAIN RESTORATIONS Tooth#

- e.Max Crown _____
- e.Max Veneer _____
- e.Max Inlay or Onlay _____

PFM RESTORATIONS Tooth#

- Porcelain - High Noble _____
- Porcelain - Noble _____

GOLD RESTORATIONS Tooth#

- High Noble _____
- Noble _____

PROVISIONAL RESTORATIONS Tooth#

- Tooth Borne - PMMA _____
- Implant Supported - TiBase/PMMA _____

DIAGNOSTIC WAX-UPS Tooth#

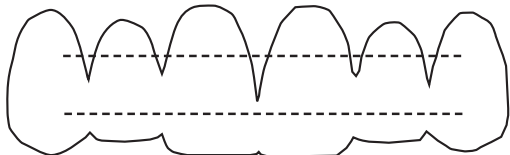
- White Wax _____
- Matrix & Prep. Guide _____
- Provisional Matrix _____

CUSTOM SHADE AT LAB _____

Shade Desired * Stump Shade
(All Ceramic Restorations)

DIGITAL PHOTOS / SHADES
email: frontdesk@pdacolorado.com

SPECIAL CHARACTERIZATION MAP



1408 Horizon Ave. #104
Lafayette, CO 80026

Phone: 303.494.2118
Fax: 303.494.1766

DOCTOR

ADDRESS

PHONE

RETURN DATE _____

PATIENT NAME _____

Male Female Age _____

**PLEASE USE INSTRUCTIONS AREA
FOR ALL OTHER PRODUCTS AND DETAILS**

IMPLANT CROWNS

IMPLANT RESTORATIONS Tooth#

- PFM - High Noble _____
- PFM - Noble _____
- PFZ - porcelain layered _____
- FZR - monolithic _____
- e.Max _____

ABUTMENT TYPE Tooth#

- Custom Titanium (Authentic) _____
- Custom Titanium (3rd Party) _____
- Custom Zirconium (Authentic) _____
- Screw Retained _____
- Screw Mentable _____
- Gold Nitride _____
- Anodize (Gold) _____

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 _____