

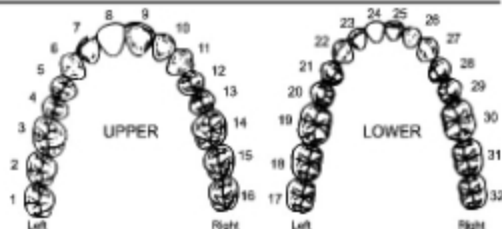
PARS DENTAL STUDIO

DOCTOR _____ DATE _____

PATIENT NAME _____

DATE WANTED _____

- INCISAL OCCLUSAL**
Intensity STAINING
- Saturation
 Light Light
 Medium Medium
 Dark Dark
 None None



- METAL TYPE**
- Non-Precious Semi-Precious
 High Palladium Gold
 Captek

ANTERIORES

- METAL CAPING % METAL LINGUAL

METAL TRY-IN

- YES NO

BISQUE TRY-IN

- YES NO

DESIGN INSTRUCTIONS

POSTERIORES

- METAL CAPING ALL PORCELAIN COVERAGE
 METAL OCCLUSAL EXCLUDING BUCCAL CUSP

PONTECS



- METAL MARGIN HAZELINE OR _____ MM
 PORCELAIN JUNCTION MARGIN

ALL CERAMIC

- IPS e.Max CAD/CAM Zirconia IPS e.Max Press All Ceramic
 IPS e.Max - Veneer Thin is in Lumineer (Min 0.3mm)

SHADE _____

R

LICENSE NO. _____

SIGNATURE _____

TERM: NET 30 DAYS. 2% SERVICE CHARGE OVER 30 DAYS.

PLEASE CHECK YOUR PROOF THOROUGHLY