



700 South Main Street
Eules, Texas 76040
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License #01658

www.precisionortho.biz



Date _____

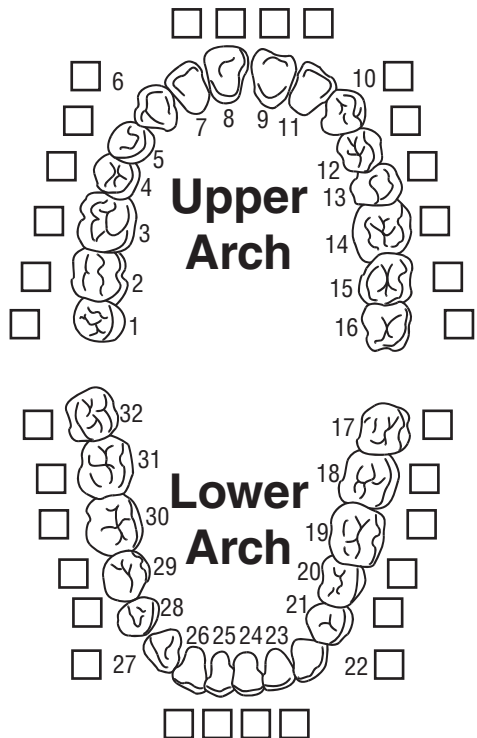
Due Date _____

Dentist Name _____ Patient Name or Number _____

Address _____ Patient's Age _____ Male Female

City _____ State _____ Zip _____

INSTRUCTIONS



INCISAL EMBRASURE

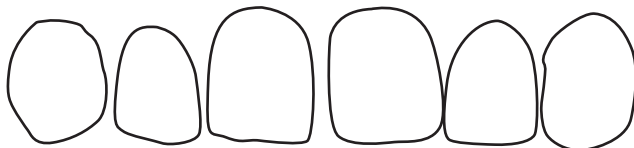
- Rounded
- Square
- Open
- Closed

VALUE

- High
- Medium
- Low

OCCLUSAL STAIN

- None
- Light
- Medium
- Dark



- Highly Anatomical
- Moderate Anatomical
- Flat Anatomical

Shade _____ STUMP SHADE _____



HYPO-CALCIFICATION _____



TETRACYCLINE _____

POSTERIOR OCCLUSAL CHARACTERIZATION _____

Removable/ORTHO

- Valplast
- Full Denture
- Cast Frame
- Partial Denture
- Estheticclasp
- Stay Plate (flipper)
- Night Guard (thermal)
- Ortho

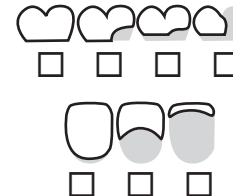
OCCLUSAL CLEARANCE

- In Occlusion
- Out of Occlusion
- Spacer on Occlusion
- Contact in CO only

MARGIN DESIGN

- All Pocerlain Facial Margin
- Porcelain Margin 360
- Lingual Metal Band mm _____
- Distal Band mm _____
- Mesial Band mm _____
- 360 Metal Metal Band Margin
- Banding mm _____

METAL DESIGN



PONTIC DESIGN

- Tear Drop Type (Off Ridge)
- Tear Drop Type (Touching Ridge)
- Modified Ridge Lap
- Full Ridge Lap
- OVATE

PORCELAIN FUSED TO METAL

- High Noble Alloy 86% Au 75% Au 40% Au Alloy
- Noble Alloy Monochromatic
- Captek Polychromatic
- Base non-precious (Nickel & Beryllium Free)

FULL CAST

- High Noble Metal 75% Au 50% Au
- Noble Metal
- Base non-precious White Gold Color

ALL CERAMIC

- E-Max Press
- E-Max CAD
- Full Contour Zirconia
- Veneered Zirconia

TEMP CROWNS

- Acrylic
- Composite
- Duracetal Long Term Temps
- Duracetal Snap-in Smile

SIGNATURE OF DENTIST _____

DENTIST LICENSE NUMBER _____