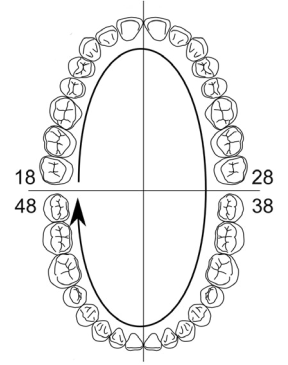






Dentist: _____ Patient: _____
 Shade: _____ Male Female



UPPER	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
LOWER	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

Fixed Dentures

Removable Dentures

Full ceramic crown	Materiel Chrome cobalt Zirkonium Lithium disilicate Composite Acrylic Precious metal	Framework Design Single Splinded Bridge  Full ceramic  Full metal band  Lingual metal band	Valplast			CR-CO Skeleton		
Veneer crown			Teeth setup	UP	LO	Metal try-in	UP	LO
Full metal crown			Directly finish	UP	LO	Metal + Wax	UP	LO
Full zirconia crown					Metal + Teeth setup	UP	LO	
Richmond crown					Metal + Acrylic finish	UP	LO	
Onlay Inlay					Acetal clasp	UP	LO	
Post core								
Implant crown	Type of delivery CCM essayage metal Essayage ceramic crown Finition directe	Pontic 	Splints					
Cemented			Bleaching	UP	LO			
Screwed			Night guard	UP	LO			
Temporary crown			Hard					
			Soft					
			Acrylic					
	Approximal contact	Occlusal contact	Acrylic					
	Strong	Strong	Special tray	UP	LO			
	Light	Light	Bite block with wax	UP	LO			
	Sillons		Partial denture	UP	LO			
	Yes		Total denture	UP	LO			
	No							

Notes: _____

