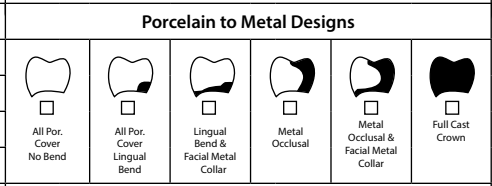
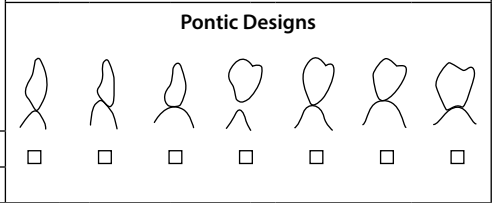
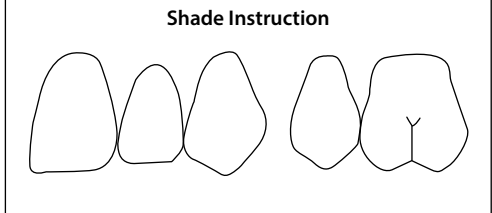


Patient			
Sex	M	F	Age
Shade			
Date	Start		
	Finish		



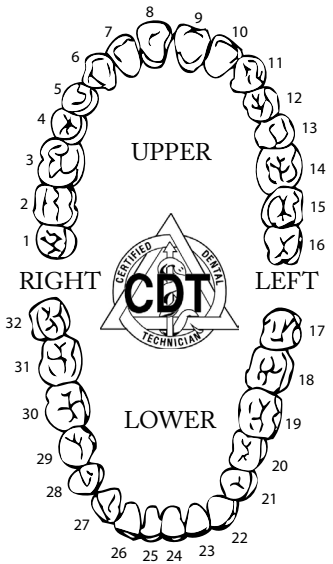
- Porc. Fused ite High Noble Gold
- Porc. Fused to Yellow High Noble Gold
- Porc. Fused to Semi Precious
- Full Cast Yellow Gold
- Full Cast White Gold
- IPS e.max
- Empress
- 3M Lava
- 3M Lava Plus
- 3M Lava Ultimate
- Bruxzir



Occlusal Stain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Dark	<input type="checkbox"/> Light

<input type="checkbox"/> Finish	<input type="checkbox"/> Metal Try-in	<input type="checkbox"/> Biscuit Bake	<input type="checkbox"/> Die Trim
---------------------------------	---------------------------------------	---------------------------------------	-----------------------------------

Tooth No. : _____



Name : _____ D.D.S. Lic. #: _____

Address : _____