

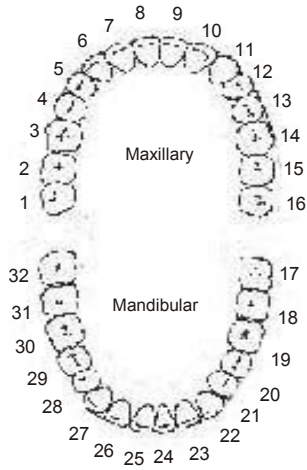
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Doctor's Name \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date in \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Finish Date \_\_\_\_\_

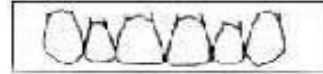


- Regular PFM     Metal Occlusal Buccal Lingual Cusp
- Small Buccal     PFM Porcelain Margin
- Metal Margin     All Porcelain Jacket Crown

- Non-Precious  Semi-Precious  Precious Metal

**Shade**

Instructions :



**PONTIC DESIGN**

- Full Ridge lap
- Ridge lap
- Bullet Shape
- Self Cleansing

Special Instructions: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_