

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

Age: \_\_\_\_\_ M  F

**DUE DATE:** \_\_\_\_\_

**PATIENT APPOINTMENT DATE:** \_\_\_\_\_

**TYPE OF ALLOY:**

Base  Noble  High Noble  Yellow Gold FCC

**SHADE INSTRUCTIONS:**

**ALL CERAMIC:**

IPS eMax CAD-Lithium Disilicate (500 MPA)

**INFINITY ZIRCONIA:**

IZR Ultra Translucent (557 MPA)

IZR Super Translucent (748 MPA)

IZR High Strength (1125 MPA)



Shade: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Description or Special Instructions:**

Date:

Authorized Signature:

Licence No.