



ZHONGNAN DENTAL LAB  
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DOCTOR \_\_\_\_\_

CLINIC NAME \_\_\_\_\_ DATE IN \_\_\_\_\_

PATIENT \_\_\_\_\_ DATE REQUIRED \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ TIME \_\_\_\_\_

**CROWN & BRIDGE**

**MATERIAL:**       EMAX                       FC Zirconia                       Zirconia with layered porcelain  
                           Full Gold                       PFM

**OCCCLUSION:**

Anterior:                       Metal                       Porcelain  
 Posterior:                       Metal                       Porcelain                       Metal Island

**BUCCAL / LABIAL MARGIN:**

Porcelain Butt                       Porc. / Metal                       Metal Collar

**METAL:**                      Final Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_

- Ceramic Gold (White)
- Yellow Gold
- Semi-Precious (White)



**REMOVABLES**

Denture       Partial       Ortho

Shade \_\_\_\_\_ Mould \_\_\_\_\_

**R<sub>x</sub>**

