



5156 Blazer Parkway
 Suite 110
 Dublin, Oh 43017
 614.889.2311
 www.imagegallerylab.com
 Smiles@imagegallerydublin.com

Due Date

Lab Use

Dr. _____ Date: _____

Patient's Name: _____

Female Male Age: _____

I have enclosed images: E-Mail Photos to:
lonni10@me.com

on CD e-mail photos on a later date

PFM and Metal Restorations

PFM Teeth # _____

White High Noble 48%au Porcelain Margin

White Noble 2%au Metal Occlusal

High Noble 85%au Facial Collar

Lingual Collar

Metal Weight:	Shade:
----------------------	---------------

Pontic Design Ridge Lap Ovate

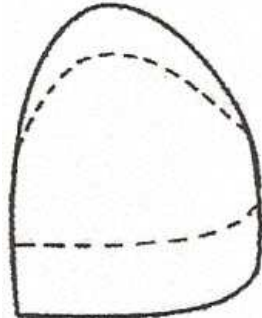
Gold Crown 56%au Teeth # _____

Shade Information

X-Rite Shade Vision Photos Call for Photos

Prep Shade _____

Final Shade



Occlusal Stain:

None Light See Photo

Implant Information

Implant Type: _____
 Implant Size: _____

Atlantis™ Titanium Custom Abutment

Atlantis™ Zirconia Custom Abutment

Stock Abutment Cement Retained

Screw Retained Guide Right Surgical Stent

Temporary Crown Essix Retainer Stent

All Porcelain Restorations

Porcelain Veneers

Feldspathic: Teeth # _____

E.Max® : Teeth # _____

All Porcelain Crowns

Feldspathic Teeth # _____

E.Max® : Teeth # _____

Lava™ : Teeth # _____

Special Instructions & Items Included

Facebow Bite Registration CR/CO

Doctor Signature _____

Lic # _____

Diagnostic Treatment

Full Coverage Teeth # _____

Veneers Teeth # _____

Open Vertical _____ mm

Lengthen Teeth # _____

Shorten Teeth # _____

How Much? _____ mm

Widen Buccal Corridor