



Due Date

Lab Use

For questions or other info, you can email us at:

Smiles@imagegallerydublin.com

Email photos to : Lonni10@me.com

I have enclosed images

- Email Photos USB

Dr. _____ Date: _____

Patient's Name: _____

Female Male Age: _____

Zirconia Restorations

Zirconia # _____

- Monolithic
 Translucent

Design

- Full Contour Crown
 Layered Porcelain Cutback
 Framework/coping

All - Porcelain Restorations

Feldspathic: # _____

E.max: # _____

- Full Contour Crown Buccal/Facial Cutback

Metal Restorations

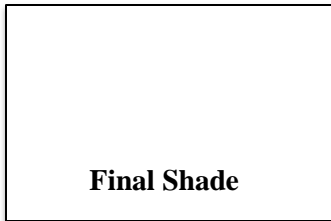
PFM # _____

- High Noble Noble Porcelain margin

Full Gold Crown # _____

Shade Information

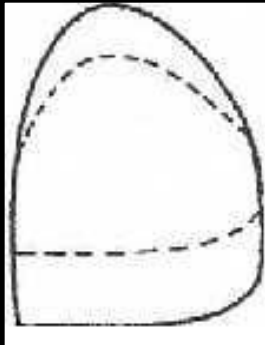
- Custom Shade at lab



Final Shade

Occlusal Stain:

- None Light Photos



Lab Notes:

Implants, Stents & Temporaries

Implant Type: _____

Implant Size: _____

- Custom Abutment
 Titanium Zirconia Gold Hue
 Cement Retained Screw Retained

Provisional Crown # _____

Surgical Guide # _____

Essix Retainer # _____

Special Instructions & Items Included

- Bite Registration
 Implant Parts
 Lab Analog
 Opposing Model
 Face Bow

Diagnostic Treatment

Full Coverage # _____

Veneers # _____

Open Vertical _____mm

Notes: