



Creative Dental Solutions

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CDS ONLY

Case # _____

Date Sent: _____

Appt. Time: _____

Patient Name: _____

ENCLOSED WITH CASE

- Impression
- Models
- Bite
- Articulator
- Crown/Bridge
- Other _____

PORCELAIN TO METAL

- White Noble
- White High Noble
- Non-Precious
- Yellow High Noble
- Captek™

ALL METAL

- Yellow Noble
- Yellow High Noble
- White Noble
- White High Noble
- White Non-Precious

ALL CERAMIMCS

- IPS Empress Esthetic®
- Lava™
- emax®
- Composite

MILLED ALL CERAMIMCS

- Lava™ DVS Crown
- Full Contour Zirconia Crown

IMPLANT ABUTMENT

- Zirconium
- Titanium
- Implant Manufacturer _____
- Type of Implant _____
- Implant Platform/Size _____

PONTIC DESIGN



MARGIN DESIGN

- Buccal Collar ____mm
- Porcelain Butt Margin

ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN



Occlusal Staining

- None
- Light
- Medium
- Dark

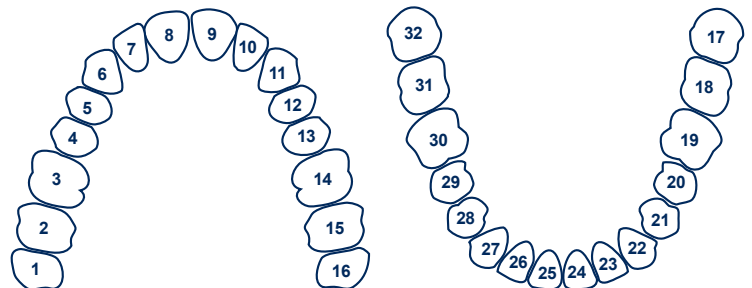
Shade _____

Stump _____



INSTRUCTIONS: _____

Select Tooth Number:



Doctor's Signature: _____ License # _____

PLEASE SEND: PRESCRIPTIONS LABELS SHIPPING BOXES BAGS