



DENTIST :

PATIENT :

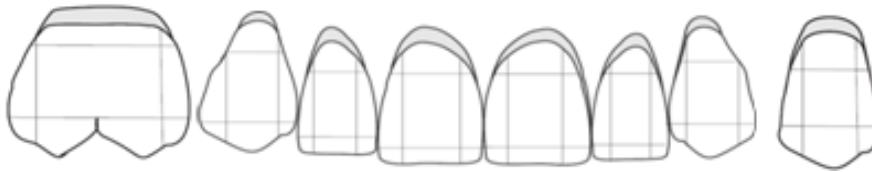
DUE DATE:

WORK REQUIRED:

MATERIAL:

TOOTH NUMBER:

TOOTH SHADE:



STUMP SHADE:

Non-Vital

Vital

Dark

Light

MARGIN TYPE:

360 Porcelain

Buccal Only

Metal Margin

INSTRUCTIONS:

PONTIC DESIGN:

IF INSUFFICIENT SPACE



Hygienic



Bullet



Modified
Ridge Lap



Ridge
Lap

OCCLUSAL STAINING:

CONTACTS: (embrasures)

**CONTACTS:
(occlusal)**

None

Normal

None

Light

Diastema

Light

Medium

Heavy

Normal

Dark

Cusp Fossa

Heavy

