

DENTAL ARCHITECTURE

425.501.8059 / 206.239.8097

DR. _____ DATE: _____ DUE: _____

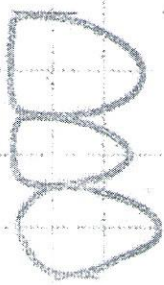
PT. _____

PFM (SEMI or PRECIOUS)
FULL CAST GOLD

e.MAX (FULL or LAYERED)
ZIRCONIA (FULL or LAYERED)

IMPLANT RESTORATION

OTHER _____



Please Send Photographs With Cast

SHADE: _____

Coping Design: (Please circle one)

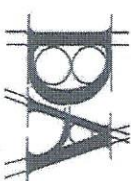


Pontic Design: (Please circle one)



- LIMITED CLEARANCE:
- OK TO RELIEVE OPPOSING
 - REDUCTION COPING

DR. SIGNATURE: _____ LIC. # _____



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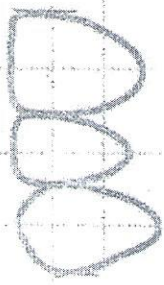
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