



DENTAL ARCHITECTURE

425.501.8059 x 206.239.8097

Doctor Name _____

Last

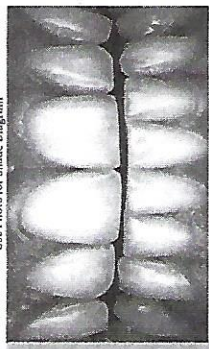
First

Patient Name _____

M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____

- PFM: (NOBEL) (HIGH NOBEL)
- FULL CAST GOLD: (AU% _____)
- e.MAX: (FULL) (LAYERED)
- ZIRCONIA: (FULL) (LAYERED)
- IMPLANT: (TI) (GOLD)
- OTHER: _____



CROWN DESIGN

Please circle your choice(s) of margin combination.

*Standard design if an option is not selected.

MARGIN DESIGN

Please circle your choice(s) of margin combination.

*Standard design if an option is not selected.

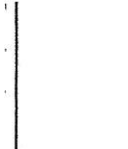
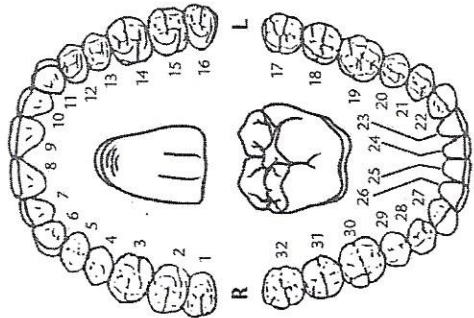
CROWN DESIGN

Characterizations

Shade _____

Stump Shade _____

NOTES:



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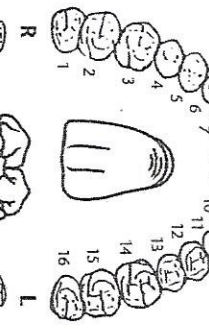
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Characterizations

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Stump Shade _____

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