

dentiformaustralia

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Date: _____

Dr: _____

Ph: _____

Patient: _____

Age: _____

Date required by 5pm: _____

MASTER-LINE (Layered porcelain)

PRO-LINE (Monolithic)

CASE:

- Inlay/onlay/veneer
- Crown
- Bridge
- Implant
 - Ti-connect

MATERIAL:

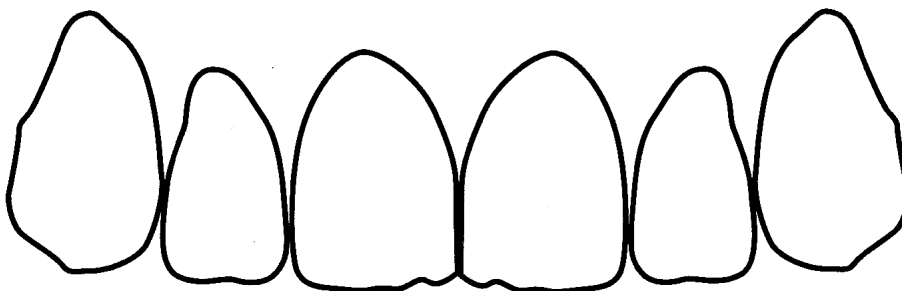
- IPS Empress Esthetic
- IPS Emax
- Prettau zirconia
- Full gold
- Semi-precious

OTHER:

- Diagnostic wax-up
- Accu-liner mounting
- LVI Stratos mounting
- Scan for surgical guide

SHADE INSTRUCTIONS:

- Call me
- Patient to see lab
patient Ph: _____



Dr. Signature _____