

Lee Dental Studio

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Dr. _____
 Address _____
 City _____ State _____ Zip _____
 Patient's Name _____
 Due Date _____
 Phone# _____ M F Age _____

CROWN & BRIDGE

► CROWN TYPE

- PFM Composite
 E.max Temporary
 FGC Diagnostic
 Full Contour Wax-up
 Zirconia(Monolithic)
 Layered Zirconia

► PFM METAL TYPE

- White High Noble
 Semi-precious
 Non-precious

► PROXIMAL CONTACT

- Light Medium Heavy
 Broad Point

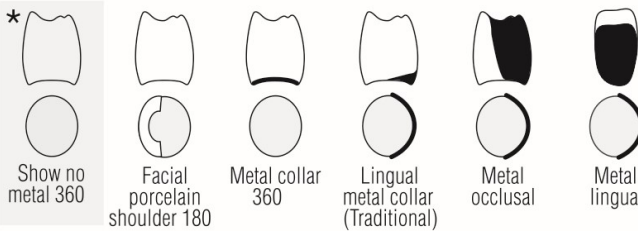
► OCCLUSAL CLEARANCE

- Tight Even
 Light Open

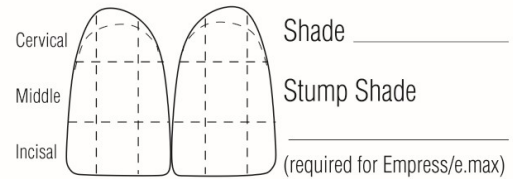
► OCCLUSAL STAINING

- None Medium
 Light Dark

► MARGIN DESIGN Please circle your choice(s) of margin combination.



► SHADE & CHARACTERIZATIONS



* Standard design if an option is not selected.

► PONTIC DESIGN



NOTE

Signature _____ Date of _____ Dentist's License # _____