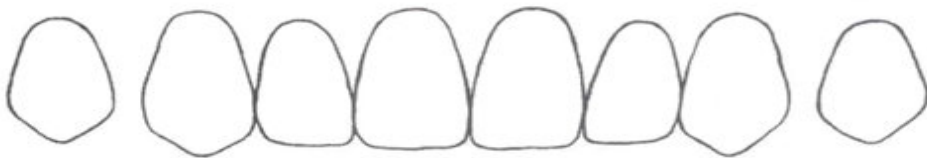




EZ Dental Ceramics

Dentist:	Date:	Due Date:
Patient:	Age:	Male / Female
<u>All Ceramic</u> <input type="checkbox"/> IPS e.max <input type="checkbox"/> Zirconia <input type="checkbox"/> CAD/CAM <input type="checkbox"/> Inlay / Veneer	<u>Metal Ceramic</u> <input type="checkbox"/> PFM <input type="checkbox"/> Porcelain Margin 180° <input type="checkbox"/> Porcelain Margin 360° <input type="checkbox"/> Metal Margin	<u>Metal</u> <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Precious <input type="checkbox"/> Gold Crown or 3/4 Crown <input type="checkbox"/> Gold Inlay or Onlay



Crown type:

Shade:

Die Shade:

Pontic Design:

Vital / Non-Vital



Notes/Instructions

Suite 4, 319-323 Great South Road, Papakura

Phone: (09) 2185270 ezdentalceramics@gmail.com