

Chart No.:

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OFFICE USE ONLY

- 3 Shape _____
- Medit _____
- ITero _____
- Cerec _____



REQUIRED INFORMATION

NAME _____ PHONE# _____

ADDRESS _____

PATIENT NAME _____ AGE _____ GENDER M F

TEETH NUMBER (Check Box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DELIVERY DATE

/ /

CONTACT T
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OCC.BITE T
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OCC.STAIN YES
 NO

IMPLANT & ZIRCONIA / ALL CERAMIC

ZIRCONIA / ALL CERAMIC

- Cement Retained Crown
- Zirconia Solid
- Zirconia Layered
- Screw Retained Crown
- IPS e. max

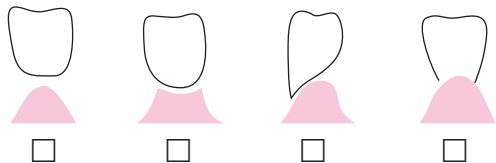
SHADE

CUSTOM IMPLANT ABUTMENT

Type _____

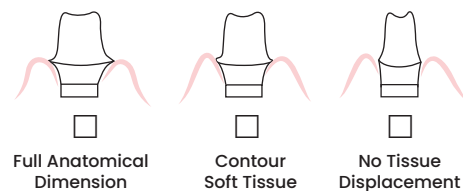
Size _____

PONTIC DESIGN (Check Box)



ABUTMENT EMERGENCE PROFILE

- Design
- 0.5mm
 - 1mm



RX SPECIFIC INSTRUCTION

DOCTOR'S SIGNATURE _____

Lic.# _____