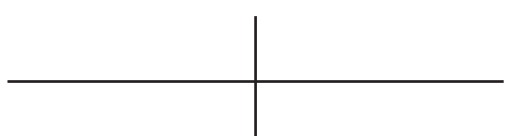


| | |
|----------------|----------------|
| Surgeon | Patient |
| Case No. | |

| | | |
|---------------|--------------------------------|------------------------------------|
| Return Date 😊 | Elite <input type="checkbox"/> | Exclusive <input type="checkbox"/> |
|---------------|--------------------------------|------------------------------------|

Instructions

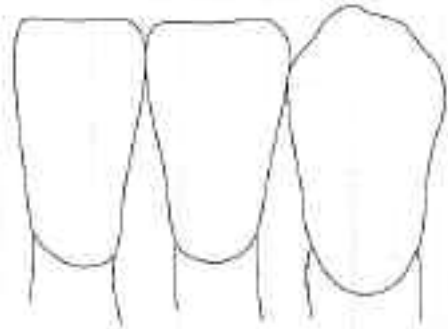
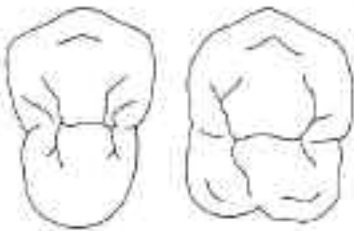
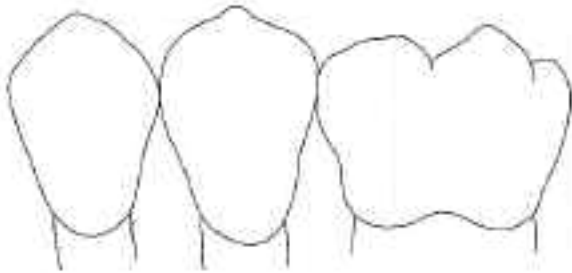
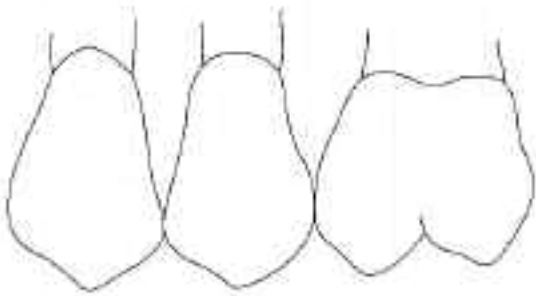


Notation

| | |
|--|---|
| Type of Restoration: PFM Ceramic Implant Gold Whitening Tray Other | Shade See shade sheet on reverse for greater details <input type="checkbox"/> |
|--|---|

| | | |
|--|--|-----------------|
| Enclosed | | |
| Bite Register <input type="checkbox"/> | Face bow <input type="checkbox"/> | Disinfected 😊 😞 |
| Impressions U/L <input type="checkbox"/> | Email/Disc/Photos <input type="checkbox"/> | |
| Models U/L <input type="checkbox"/> | Components <input type="checkbox"/> | |

| | | | | | | |
|---|---|---|---|---|---|-------------------|
| 1 <input style="width: 40px; height: 40px;" type="checkbox"/> | 2 <input style="width: 40px; height: 40px;" type="checkbox"/> | 3 <input style="width: 40px; height: 40px;" type="checkbox"/> | 4 <input style="width: 40px; height: 40px;" type="checkbox"/> | 5 <input style="width: 40px; height: 40px;" type="checkbox"/> | 6 <input style="width: 40px; height: 40px;" type="checkbox"/> | Inspection |
|---|---|---|---|---|---|-------------------|



Lustre

High

Medium

Low

Texture

High

Medium

Low