

Dentist

Email

Phone

Patient

Age

 Sex ☐ F ☐ M

Date required

Date sent

Choice of crown

- ☐ Emax ☐ Zirconia
☐ ZR Monolithic ☐ PFM

Margin

- ☐ Metal ☐ Porcelain
☐ Butt Joint

Occlusion

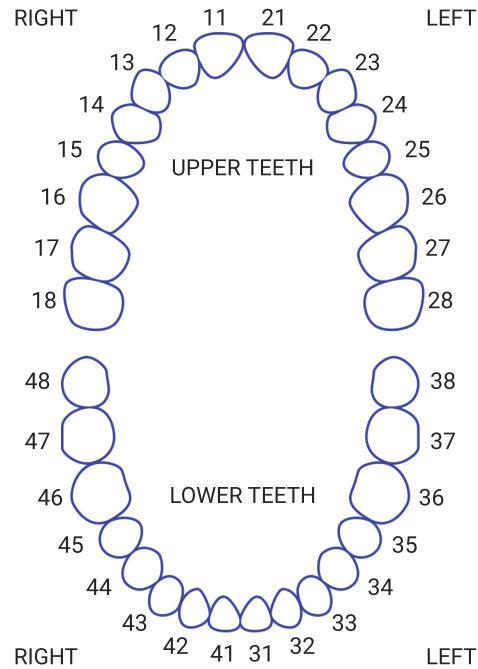
- ☐ Metal ☐ Porcelain

Shade

Pontic



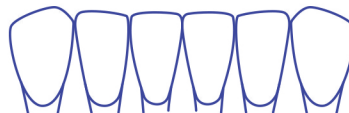
Additional notes (Shade specifications, tooth selection...)



UPPER TEETH



LOWER TEETH



- For lab use only -

Impression

Upper Model

Lower Model

Bite

Parts

Supplies to lab

Waxing

Metal

Porcelain

Date

PRINT

EMAIL US YOUR RX
rx@crhoraldesign.com

Functional only on Adobe Acrobat Reader