66 Commack Road, Suite 311
Commack, NY 11725

CUSTOM DENTAL

...Where form follows function

Tel: 631-776-3003
Email: CUSTDENT@GMAIL.COM

Patient's Name _____ Date _____/_____/_____

Age _____ Male ❑ Female ❑ Requested Return Date _____/_____/_____

CERAMIC

- P.F.M. ❑
- Emax Veneer Crown ❑
- Emax Crowns ❑
- Emax Veneer ❑
- Emax Onlay / Inlay ❑
- Foil Veneer ❑
- PFZ Crown ❑
- Full Zirconia Crown ❑
- Bisque bake ❑
- Glaze ❑

SHADE

Vita Classical _____
Vita 3D _____
Stump Shade

Custom Shade Required ❑
Occlusal Stain ❑
Mesial Contact ❑ Light ❑ Tight
Distal Contact ❑ Light ❑ Tight
Occlusal Contact ❑ Light ❑ Tight

_____

BUCCAL MARGIN DESIGN

- Porcelain Butt ❑
- No Metal to Show ❑
- 360 No Metal ❑
- 360 Metal Hairline ❑
- ____mm Metal Collar
- Removal Button ❑
- Bevel ❑
- Shoulder ❑
- Chamfer ❑

Pontic Design:

- ❑ Sanitary
- ❑ Full Ridge
- ❑ Modified
- ❑ Bullet

ALLOY

Ceramic Alloy

- Yellow Ceramic Gold (High Noble) ❑
- White Ceramic Gold (High Noble) ❑
- Semi Precious (Noble) ❑
- Non Precious ❑

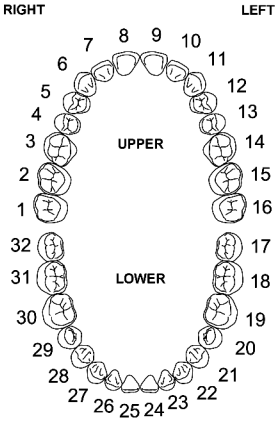
Non-Ceramic Alloy

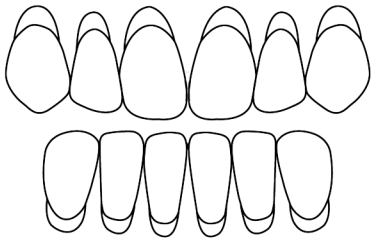
- Yellow (High Noble) for Inlay/Onlay ❑
- Yellow (High Noble) for /FCC/Post ❑

CROWN / BRIDGE

- Coping ❑
- Gold Inlay ❑
- Gold Onlay ❑
- Full Cast Crown ❑
- Solder Connection ❑
- Post & Core ❑
- Custom Abutment Post for Cementable Crown ❑
- Screw Retained Implant Crown ❑

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





Notes

Doctor's Name _____ Lic#_____ Phone Number _____ - _____ - _____

Address_____