


MAROTTA DENTAL STUDIO

866-MAROTTA (627-6882) • (631) 249-7520 • Fax: (631) 249-2343

Patient's Name _____
 Age _____ Male Female

Date Out ____/____/____
 Requested Return Date ____/____/____

<p>Shade: _____ _____ <input type="checkbox"/> Custom Shade Required <input type="checkbox"/> Occlusal Stain <input type="checkbox"/> Light or <input type="checkbox"/> Tight Occlusal Contact <input type="checkbox"/> Light or <input type="checkbox"/> Tight Mesial Contact <input type="checkbox"/> Light or <input type="checkbox"/> Tight Distal Contact</p>	<p>Alloy: Ceramic Alloy <input type="checkbox"/> Titanium <input type="checkbox"/> Yellow Ceramic Gold (High Noble) <input type="checkbox"/> White Ceramic Gold (High Noble) <input type="checkbox"/> Semi Precious (Noble) Non-Ceramic Alloy <input type="checkbox"/> Type I & II Gold (High Noble) for Inlay/Onlay <input type="checkbox"/> Type III & IV (High Noble) for Onlay/FCC/Post</p>	<p>Margin Design (Buccal Collars): <input type="checkbox"/> Metal Hairline <input type="checkbox"/> No Metal to Show <input type="checkbox"/> Porcelain Butt <input type="checkbox"/> _____mm Collar Pontic Design:  <input type="checkbox"/> Sanitary <input type="checkbox"/> Full Ridge <input type="checkbox"/> Modified <input type="checkbox"/> Bullet</p>
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Restoration tooth #'s	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

CROWN & BRIDGE

- Porcelain Fused to Metal Crown Coping Inlay Onlay Full Cast Crown Solder Connection Post & Core
 Custom Abutment Post for Cementable Crown Screw Retained Implant Crown Procera Zirconia Abutment

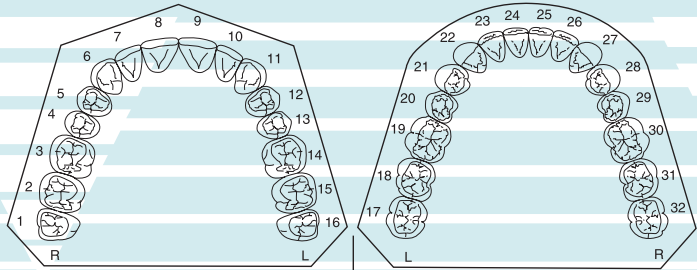
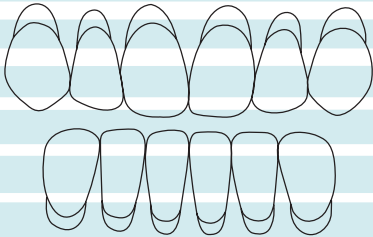
DENTURE

- Setup Process
 Full Denture Reset Process Provisional Ultra Temp Bite Rim Custom Tray Implant Tray Verification Jig
 Stent Dentascan Barium Gutta Percha Guide Tubes Custom

CERAMIC

An underlying stump shade is required for any all porcelain restorations

- Bisque bake Glaze
 Porcelain Procera Crown Procera Bridge InCeram Crown Gramm GES Crown Captek Crown Pressed Inlay
 Pressed Crown Pressed Veneer Foil Veneer Tooth #'s _____ Underlying Stump Shade _____
 Composite Composite Crown Composite Inlay



Doctor's Name _____ Signature _____

Phone Number _____ - _____ - _____ Alternate or Cell Number _____ - _____ - _____ License # _____

Client Code _____