

Adonai Dental Laboratory Inc

David A. Forrister, CDT
Ceramist, Implant Specialist

Dr. _____

Patient _____

Prep Date

Seat Date

Time

PRODUCT

e.max

Layered Zirconia

SOLID ZIRCONIA

ZIRCONIA Facial cutback

PFM

GOLD

METAL

___ Noble (Silver)

___ Gold

MARGIN

___ Porcelain Margin

___ 360° Metal

___ 3/4 Metal

SHADE:



STUMP SHADE: _____

Occlusal Stain: Light Med Dark

Include Oral Surgeons Cover Letter

IMPLANT BRAND: _____

ABUTMENT:

Zirc

Ti

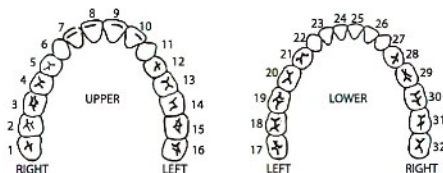
CEMENTABLE

SCREW RETAINED

Ti GOLD HUE

Tooth Number(s) _____

NOTES:



Dr. Signature

License #

530.921.3524
 adonaidentallab1@gmail.com