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Dr. \_\_\_\_\_ Office \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Due: M Tu W Th F Sa Date: \_\_\_\_\_ Time: \_\_\_\_\_

Tooth #: \_\_\_\_\_ Final Shade: \_\_\_\_\_ Prep Shade: \_\_\_\_\_

Product:  Crown  Bridge  Veneer  Inlay/Onlay  Nightguard

Diagnostic WaxUp  Custom Abutment  Other

Material:  Full Strength Zirconia (>1050Mpa)  Anterior HT Multi-Layer Zirconia (1,000Mpa)

Esthetic Anterior Zirconia (800Mpa)  IPS e.max ZirCAD PRIME Zirconia (1,200Mpa)

Layered Zirconia  Lithium Disilicate

Implant: Restoration Type:  Screw-Retained  Cementable

Brand \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_

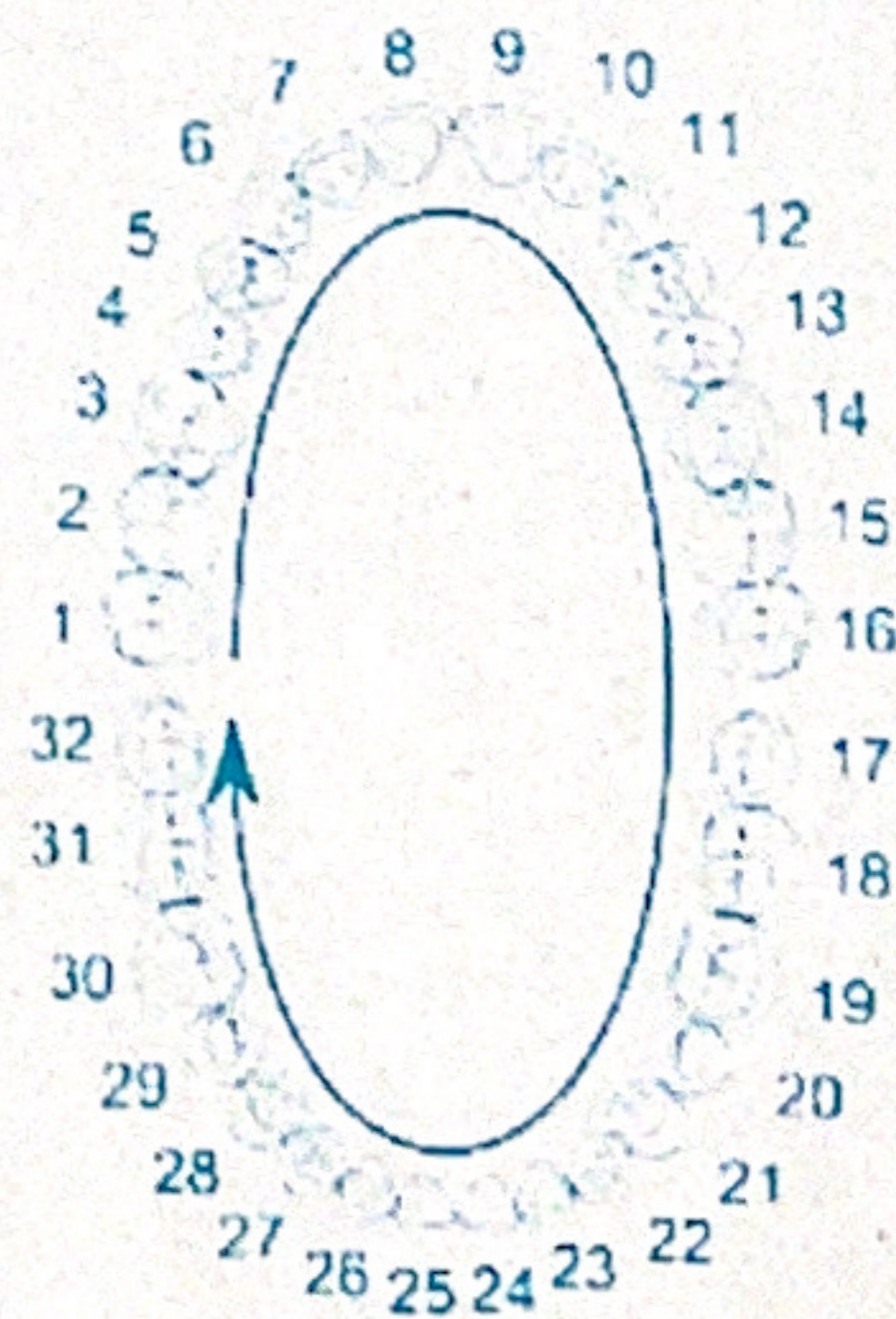
Preferences:

Interproximal Contacts:  Light  Medium  Heavy

Occlusal Contact:  Light  Open  Tight

If insufficient room (clearance):  Trim Opposing  Reduction Coping  Call to discuss

Note:



Signature \_\_\_\_\_ Lic # \_\_\_\_\_