

Quartz Dental, Inc.

13275 E. Fremont Pl. #206 Centennial, CO 80112
Phone: 303-706-1474 Fax: 303-706-0014
Email: quartzsmile@ihtw.com

DR: _____ Return Date: _____

Patient Name: _____

Pt Sex: _____ Pt Age: _____

Teeth Numbers																
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	

Restoration Type

- Full Gold Cast Crown
- Gold Inlay/Onlay
- High Noble / Noble PFM
- IPS Empress® Inlay/Onlay
- IPS e-max
- Zirconia / Noritake Porc.

Margin Type

- 360° Porcelain Margin
- 360° Metal Margin
- Labial Porcelain Margin
- Lingual Metal Margin
- Metal Occlusion/Lingual
- Blended Margin
(porcelain & metal at margin)

Crown Anatomy

- As Study Model
- Make Ideal
- Match Existing

Shade: _____

Patient to be seen for Custom Shade **Date:** _____

Technician to be present for a Custom Mod/Staining at seating

Instructions: _____

Doctor's Signature: _____

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- Zirconia

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