

Dr. _____ Date _____

Patient Name	Office Use
Time Wanted	

Stump Shade	Shade	
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R _____

- | | | |
|---|--|---|
| <input type="checkbox"/> PFM
<input type="checkbox"/> Nobel
<input type="checkbox"/> 50%
<input type="checkbox"/> Hight Noble | <input type="checkbox"/> Ceramic
<input type="checkbox"/> e.Max
<input type="checkbox"/> Zirconia | <input type="checkbox"/> Full Cast
<input type="checkbox"/> Noble
<input type="checkbox"/> Gold
<input type="checkbox"/> Yellow
<input type="checkbox"/> White |
|---|--|---|

- Margin**
- Fine Metal Collar
 - Zero Metal
 - Porcelain Butt

- Occlusion**
- Metal
 - Porcelain

- Margin Adaptation**
- Exactly to finish line
 - Slight over extension

- Lateral Excursion**
- Cuspid Guidance
 - Function

- Centric Contact**
- Foil Relief
 - Positive Contact
 - Cusp Fossa

