Doctor

Address

Date

Date Required M / D / Y

Appt time AM ☐ PM ☐

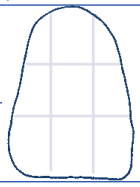
Patient

M F Age

Zirconia	**E.max**	**PFM metal**	
Layered ☐	Monolithic ☐	Choice	NP ☐
Full Contour ☐	Layered ☐		SP ☐
			P ☐

Shade

Mould



Pontic Design	Semi hygienic	Ovate	Ridgelap	Hygienic
	☐	☐	☐	☐

Contacts	1 Broad	2 Normal	Occlusal Relief
	☐	☐	Yes ☐ No ☐

Implant:		Facial Margin:			
Cement Retained	☐	Metal	☐	Full Denture	☐
Screw Retained	☐	Porcelain to Metal	☐	Partial Chrome	☐
		Butt	☐	Parital Acrylic	☐

Signature

Best Value Ceramics

SEND PHOTOS: info@bestvalueceramics.com

BEST VALUE CERAMICS
347 Wyoming Avenue
Wyoming, PA 18644
Tel: 877-282-3162
Fax: 570-693-1410
www.bestvaluecermics.com

*Customer will be responsible for any collection fees or related attorney costs if the account is sent to a 3rd party collection