MV DENTAL
LABORATORY

☐ CROWN AND BRIDGE ☐ IMPLANTS

DOCTOR: _____

PATIENT: _____

PATIENT NEXT APPOINTMENT: _____

SHADE: _____ ☐ MALE ☐ FEMALE

INSTRUCTIONS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CROWN TYPE:

☐ Premium Zirconia ☐ Premium PFM

☐ FZrC Full Zirconia Crown ☐ FGC Full Gold Crown ☐ Post & Core

☐ EMAX Crown ☐ EMAX Veneer ☐ EMAX Inlay/Onlay

IMPLANTS ONLY:

☐ Screw Retained ☐ Cement Retained

OCCLUSAL STAINING:

☐ None ☐ Light ☐ Medium ☐ Dark