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 www.lintercdental.com

Doctor's Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Acct # \_\_\_\_\_  
 Email Address \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Age \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
 Deliver by 5 p.m. on \_\_\_\_\_ Review Time: \_\_\_\_\_

**Enclosed with case:**  
 Impressions  Models  Bite  Photos  Other: \_\_\_\_\_

**Crown & Bridge**

Zirconia Full Contour  Zirconia Layered  E.max

**Occlusal Staining**

None  Light  Medium  Dark

**Partial Crown**

Zirconia  E.max  Gradia (Composite)

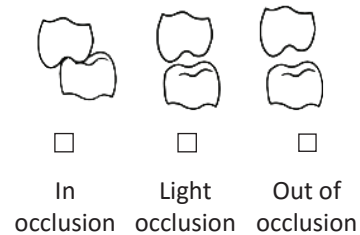
**Pontic Design**



**Implant**

Screw-Retained  Cement-Retained  
 Zirconia Full Contour  Titanium Abutment  
 Zirconia Layered  Zirconia w/Ti Base Abutment  
 Zirconia Full Contour Crown  
 Zirconia Layered Crown  
 E.Max Crown

**Occlusal Contact**



In occlusion    Light occlusion    Out of occlusion

**Provisional Restorations**

Cement-retained  Screw-retained  
 Abutment #(s) \_\_\_\_\_  
 Pontic #(s) \_\_\_\_\_. Total units \_\_\_\_\_  
 Provisionals Reinforcement: \_\_\_ None \_\_\_ Wire \_\_\_ Fibe

**Abutment Emergence Profile**

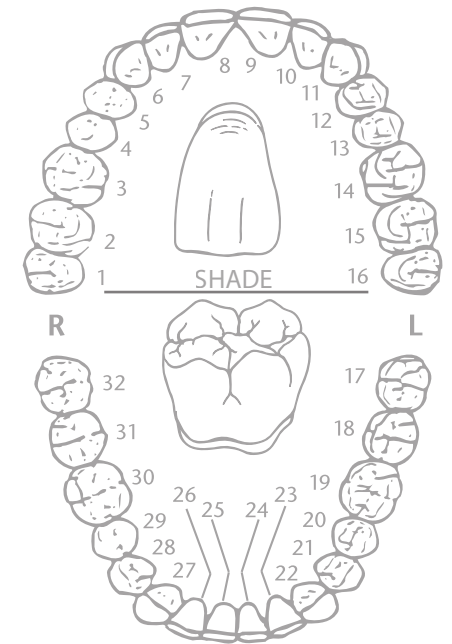


Surgical placement  Tissue displacement



No Tissue Displacement

**Additional Notes**



Doctor's Name: \_\_\_\_\_ Signature \_\_\_\_\_  
 License #: \_\_\_\_\_