



Custom Dental Aesthetics

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Today's Date	Patient Name	<input type="checkbox"/> M <input type="checkbox"/> F
		Age

Tooth 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

Shade	Stumpf Shade	Gingival	
		Incisal	

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Titanium Abut | <input type="checkbox"/> Cement Retained | <input type="checkbox"/> Screw Retained | <input type="checkbox"/> Screwmented |
| <input type="checkbox"/> Zirconia Abut | <input type="checkbox"/> Opaqued | <input type="checkbox"/> Anodized | <input type="checkbox"/> Porcelain Collar |
| <input type="checkbox"/> PFT (Titanium) | <input type="checkbox"/> High Noble Alloy | <input type="checkbox"/> Gold Crown | |
| <input type="checkbox"/> PFM | <input type="checkbox"/> Noble Alloy | <input type="checkbox"/> Gold Inlay/Onlay | |
| <input type="checkbox"/> Hybrid Zirconia | <input type="checkbox"/> E.max | <input type="checkbox"/> LiSi | <input type="checkbox"/> Diagnostic Wax-up |
| <input type="checkbox"/> Monolithic Zirconia | <input type="checkbox"/> Layered | | <input type="checkbox"/> Porcelain Inlay/Onlay |
| <input type="checkbox"/> Translucent Zirconia | <input type="checkbox"/> Monolithic | | <input type="checkbox"/> Feldspathic Veneer |

TYPE OF OCCLUSAL SURFACE

- 1/2 Metal/Gold Occ. Porcelain Occ. Full Metal

TYPE OF FACIAL MARGIN

- Metal Band No Band Porcelain Butt

ADDITIONAL INSTRUCTIONS

Finish Date _____ Hour _____