

Doctor:	Patient:
Date:	Back in office:
<input type="checkbox"/> <b>Laboratory instructions ▼</b>	

- Laboratory instructions**

<input type="checkbox"/> PFM	<input type="checkbox"/> Implant cement retained
<input type="checkbox"/> emax layered	<input type="checkbox"/> Implant screw retained
<input type="checkbox"/> emax monolithic	<input type="checkbox"/> Implant overdenture/hybrid
<input type="checkbox"/> Zirconia layered	<input type="checkbox"/> Kois de-programmer
<input type="checkbox"/> Zirconia monolithic	<input type="checkbox"/> Feldspathic veneer
<input type="checkbox"/> Temporary	<input type="checkbox"/> Empress esthetic
<input type="checkbox"/> Gold crown	<input type="checkbox"/> <b>Diagnostic wax up (PTO) ▶</b>

**Ceramic characteristics:**

<b>Incisal trans:</b>	<b>Surface finish:</b>	<b>Surface texture:</b>
<input type="checkbox"/> Non	<input type="checkbox"/> High glaze	<input type="checkbox"/> High
<input type="checkbox"/> Clear	<input type="checkbox"/> Polished gloss	<input type="checkbox"/> Medium
<input type="checkbox"/> Blue	<input type="checkbox"/> Low gloss	<input type="checkbox"/> Light
<input type="checkbox"/> As shade tab		<input type="checkbox"/> Smooth

**Shade:**

**Notes:**

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- Surgery check list:**
- Master impression [Qty: ]
  - Pre-op models
  - Opposing impression or model
  - Diagnostic wax up
  - Bite registration **before** prep
  - Bite registration **after** prep
  - Incisal index of provisionals
  - Model of provisionals
  - Photos  Dropbox  email  disk/card
  - Transfer bow registration

