GREAT IMPRESSIONS
Dental Laboratory

GREAT IMPRESSIONS DENTAL LAB
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PATIENT NAME:	AGE:	M / F	SHADE:

PREFERENCES

Buccal Margin Design	Lingual Margin Design	Occlusal/Lingual Design
☐ No Buccal Metal Collar	☐ Metal Lingual Collar	☐ Porcelain
☐ Buccal Metal Collar	☐ No Lingual Metal Collar	☐ Metal
☐ Porcelain Buccal Margin		☐ Full Cast

DESCRIPTION OF WORK:

7 8 9 10
6 11
5 12
4 13
3 14
2 15
1 16
R L
32 17
31 18
30 19
29 20
28 21
27 22
26 25 24 23

ALL CERAMIC:
- ☐ E-MAX
- ☐ PROCERA
- ☐ ZIRCONIA

METAL:

Titanium BASE T

NOBLE N

HIGH NOBLE HN

____
OTHER

CONTACT ME ABOUT:

☐ MATERIAL CHOICE	☐ TRY-IN	☐ OCCLUSION
☐ SHADE	☐ WAX-UP	☐ CONTACTS

DR. SIGNATURE: ______________________	DATE TO LAB: ____ / ____ / ______
LICENSE NUMBER: ______________________	RETURN BY: ____ / ____ / ______