



# FITZGERALD DENTAL STUDIO

1135 Four Lakes Dr Suite 1

Matthews NC 28105

980-237-0504

fitzgeraldentalstudio@gmail.com

## DUE DATE:

SCHEDULED SEAT DATE:

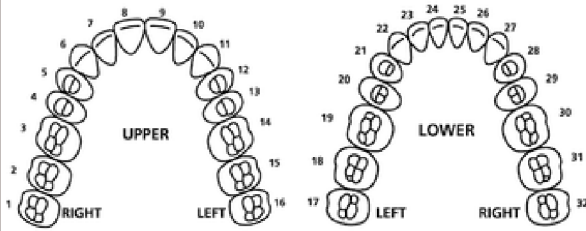
DR.

NAME:

PRACTICE OFFICE:

AGE:

GENDER:



## ENCLOSED:

- PHOTOS
- MODEL
- BITE
- IMPRESSION
- \_\_\_\_\_
- ARTICULATOR
- TEMPS
- OLD CROWN
- ANALOG

## CROWN/BRIDGE/VENEER

- AESTHETIC ZONE ZIRCONIA
  - MULTILAYER ZIRCONIA
  - HIGH TRANSLUCENCY ZIRCONIA
  - PORCELAIN FUSED TO ZIRCONIA
  - LITHIUM DISILICATE
  - PMMA
  - FULL CAST GOLD CROWN
    - 58%  40%  2%
  - OTHER
- \_\_\_\_\_

## IMPLANTS

- MANUFACTURER/TYPE: \_\_\_\_\_
- TITANIUM BASE  
-SCREW RETAINED
- CUSTOM ABUTMENT
  - SCREW RETAINED
  - CEMENT RETAINED
- TRU-ABUTMENT/DESS/MIST
- GENUINE PARTS\*
- \_\_\_\_\_

*\*Genuine parts may incur additional costs.*

## FINAL SHADE:

*(Vita Classic is default.)*



CURRENT:

STUMP:

TISSUE:



OCCLUSAL STAINING

- NONE  LIGHT  MEDIUM  DARK

SPECIAL INSTRUCTIONS/OTHER:

- SEND:**
- SHIPPING LABELS
  - SHIPPING SUPPLIES
  - LAB SLIPS

CONTACT? YES  NO  CONTACT NAME/NUMBER: \_\_\_\_\_

SIGNATURE

DATE:

LIC#