POLANCO DENTAL STUDIO

209-825-7421

Doctor _____ Patient _____

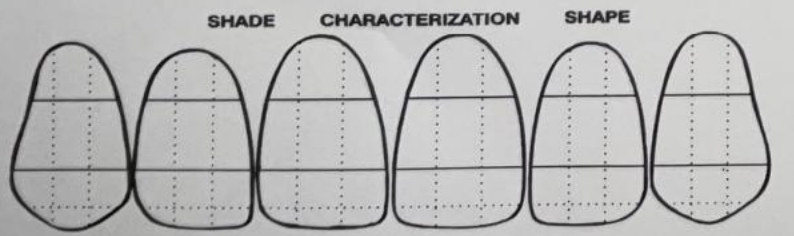
Address _____ Age _____ Sex _____

City _____ St ____ Zip _____ Date Sent: _____

Phone _____ Try In Date: _____

Finish Date: _____

ADDITIONAL INSTRUCTIONS



FORM 074827 R/06/08 ITEM 8101

PARTIALS AND DENTURES (Please ✓)

CASE DESIGN

- ☐ Full Upper
- ☐ Full Lower
- ☐ Reline
- ☐ Custom Tray
- ☐ Val Plast
- ☐ Partial Upper
- ☐ Partial Lower
- ☐ Repair
- ☐ Bite Block

FACIAL CHARACTERISTICS

- ☐ Square
- ☐ Square Tapering
- ☐ Tapering
- ☐ Ovoid
- ☐ Dominant rt side
- ☐ Dominant lft side
- ☐ Diastema

MATERIALS

Anterior Teeth: ☐ IPN ☐ Plastic ☐ Porcelain

Shade _____ Mold _____

Posterior Teeth: ☐ IPN ☐ Plastic ☐ Porcelain

Shade _____ Mold _____

CROWN AND BRIDGE (Please ✓)

MATERIALS

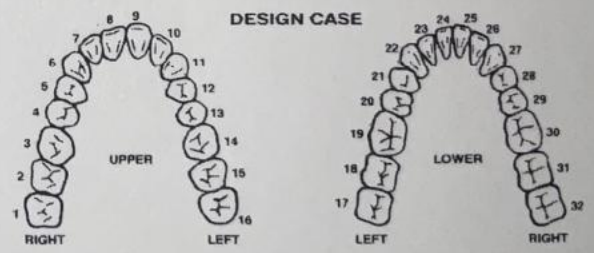
- ☐ Porcelain to Metal
  - ☐ High Noble (yellow)
  - ☐ Noble Precious Metal
  - ☐ Other _____
- ☐ Other _____
- ☐ All Porcelain
  - ☐ Zirconia
  - ☐ Empress
  - ☐ E. max
- ☐ Composite
  - ☐ Bellglass HP

CASE DESIGN

- ☐ Full Crown
- ☐ ¾ Crown
- ☐ Inlay
- ☐ Onlay
- ☐ Porc Butt Margin
- ☐ Other _____
- ☐ _____

☐ Full Ridge ☐ Partial Ridge ☐ No Ridge ☐ Point Contact ☐ No Contact

ADDITIONAL INSTRUCTIONS



DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____

Thank You!