

novus

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DUE DATE

DATE: _____ AM

HR: _____ PM

MALE FEMALE

DOCTOR'S NAME _____ DATE SENT _____

PATIENT'S NAME _____ DOB _____

PFM / FULL-CAST

- Noble (Semi) FGC Noble
- High Noble (White) FGC High Noble
- High Noble (Yellow)

ALL CERAMIC

- EMAX PFZ (Layered Zirconia)
- Full Zirconia Esthetic Zirconia (Katana)

METAL DESIGN

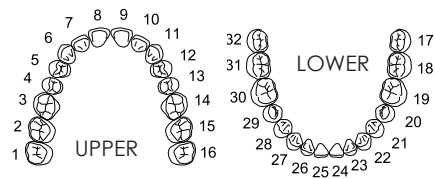
- No Collar
- Lingual Collar
- 360° Collar
- Metal Occl.
- Metal Occl. & 360°

PONTIC DESIGN

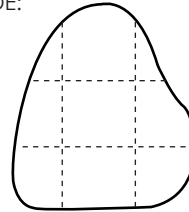
- Sanitary
- Full Ridge
- Modified
- Bullet
- Ovate

IMPLANTS

- CUSTOM TITANIUM CUSTOM ZIRCONIA
- CUSTOM UCLA STOCK ABUTMENT



SHADE: _____



GINGIVAL: _____

INCISAL: _____

STUMP: _____

TOOTH # _____

CONTACT

- LIGHT
- NORMAL
- TIGHT

OCCUSION

- LIGHT
- NORMAL
- TIGHT

STAINING

- NONE MODERATE

NIGHT GUARD / RETAINER

- NIGHT GUARD BLEACHING TRAY
- UPPER CLEAR RETAINER
- LOWER

Rx

Dr. Signature _____

License No. _____