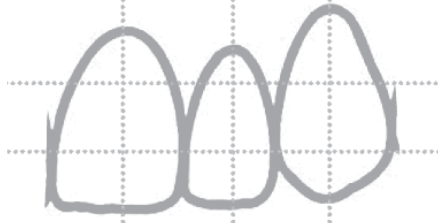







# MAROTTA DENTAL STUDIO, INC

130 Finn Ct • Farmingdale, NY • 11735 • 631-249-7520

Patient's First Name _____	Case # _____	Date Out ____/____/____	<input type="checkbox"/> Rush <input type="checkbox"/> Call
Last Name _____	Chart # _____	Return Date ____/____/____	
Age ____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Authorization # _____	Appointment ____/____/____	

<b>Shade:</b> _____ <b>Stump shade:</b> _____ <input type="checkbox"/> Custom Shade Required <input type="checkbox"/> Occlusal Stain <input type="checkbox"/> Light or <input type="checkbox"/> Tight Occlusal Contact <input type="checkbox"/> Light or <input type="checkbox"/> Tight Mesial Contact <input type="checkbox"/> Light or <input type="checkbox"/> Tight Distal Contact	 <small>Please send photographs with case or e-mail to photo@marottadental.com</small>	<input type="checkbox"/> Anatomical Emergence  <input type="checkbox"/> Modified Ridge Lap  <input type="checkbox"/> Full Ridge Lap 
		<b>Alloy:</b> <input type="checkbox"/> CoCr <input type="checkbox"/> Noble <input type="checkbox"/> High Noble <input type="checkbox"/> Type I & II (Yellow Gold) Inlay/Onlay <input type="checkbox"/> Type III & IV (High Yellow Gold) FCC

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

### CROWN & BRIDGE

- |   |                                       |                                      |  |  |
|---|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> PFZ              | <input type="checkbox"/> Bruxer Crown | <input type="checkbox"/> e.max Crown | <input type="checkbox"/> e.max Inlay/Onlay | <input type="checkbox"/> e.max Veneer                          |
| <input type="checkbox"/> Porcelain Veneer | <input type="checkbox"/> Provisional  | <input type="checkbox"/> PFM         | <input type="checkbox"/> Coping            | <input type="checkbox"/> Porcelain Application                 |
| <input type="checkbox"/> Inlay/Onlay      | <input type="checkbox"/> FCC          | <input type="checkbox"/> Weld        | <input type="checkbox"/> Post&Core         | <input type="checkbox"/> Bisque <input type="checkbox"/> Glaze |

### ONE-STEP IMPLANT

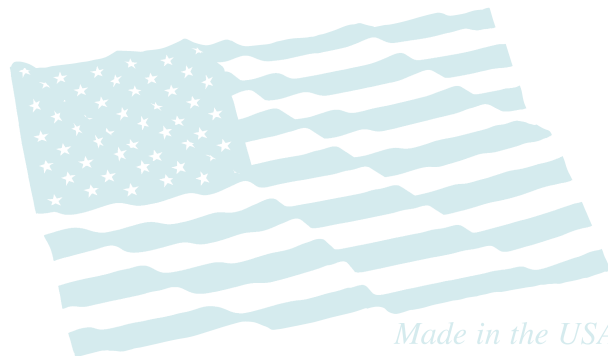
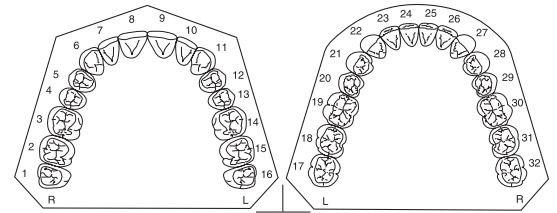
- Abutment/PFM Crown  Abutment/Monolithic Zirconia Crown  Abutment/PFZ Crown  
 Screw Retained Monolithic Zirconia Crown  Screw Retained PFZ  
 Co-Cr Screw-Retained Crown  Angled Screw Channel

### ONE-STEP IMPLANT (FULL ARCH)

- Gibraltar  Manhattan  Impressa

### DENTURE

- Setup  Process  Full Denture  Partial Denture  Reset  Immediate  
 Flipper  Provisional  Bite Rim  Custom Tray  Verification Jig



Doctor's Name \_\_\_\_\_ License # \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate or Cell Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Client Code \_\_\_\_\_