



MAROTTA DENTAL STUDIO, INC

866-MAROTTA (627-6882) • (631) 249-7520 • Fax: (631) 249-2343



Patient's Name _____
 Age _____ Male Female

Date Out ____/____/____
 Requested Return Date ____/____/____

Shade: _____

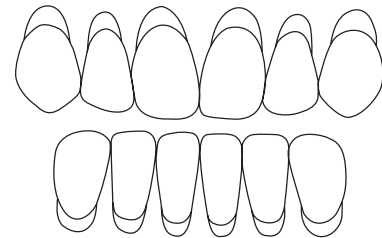
 Underlying Stump Shade _____
 Occlusal Stain
 Light or Tight Occlusal Contact
 Light or Tight Mesial Contact
 Light or Tight Distal Contact

Alloy:
Ceramic Alloy
 Titanium
 Yellow Ceramic Gold (High Noble)
 White Ceramic Gold (High Noble)
 Semi Precious (Noble)
Non-Ceramic Alloy
 Type I & II Gold (High Noble) for Inlay/Onlay
 Type III & IV (High Noble) for Onlay/FCC/Post

Margin Design (Buccal Collars):
 Metal Hairline
 No Metal to Show
 Porcelain Butt
 _____mm Collar
Pontic Design:
 Sanitary Full Ridge Modified Bullet

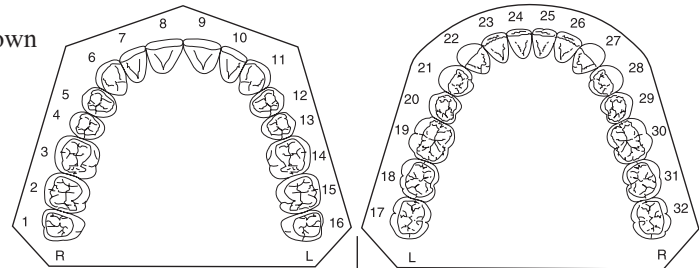
Restoration tooth #'s	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- CROWN & BRIDGE**
 PFM Crown Coping Inlay Onlay FCC Solder Connection
 Cast Abutment Procera Titanium-Abutment Procera Zirconia-Abutment
 Zir+ Zirconia-Abutment Atlantis Abutment Atlantis Zirconia-Abutment

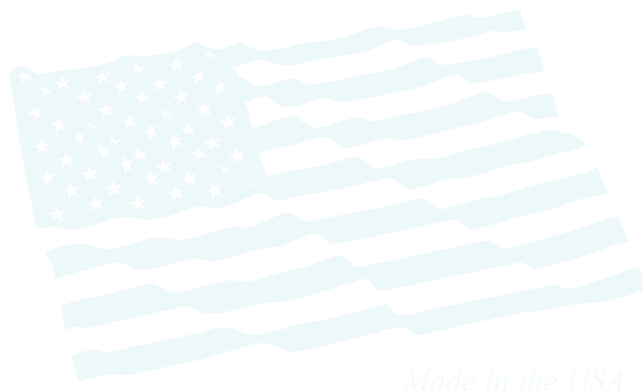


- IMPLANT ONE-STEP**
 Procera Abutment/PFM Crown Procera Zirconia Abutment/Procera Crown
 Procera Screw-Retained Crown Procera Zirconia Screw-Retained Crown
 Cast Abutment/PFM Crown Cast Screw-Retained Crown
 Atlantis Abutment/PFM Crown Atlantis Zirconia Abutment/Zir+ Crown

- DENTURE**
 Setup Process Full Denture Partial Denture Reset
 Immediate Flexite Temp Cast Metal Process Provisional
 Bite Rim Custom Tray Implant Tray Verification Jig
 Stent NobelGuide Simplant Easyguide
 Barium Gutta Percha Guide Tubes Custom



- CERAMIC** *An underlying stump shade is required for any all-porcelain restorations*
 Porcelain Bisque Bake Adjust Glaze Other _____
 N-Style Inlay N-Style Ceramic Crown N-Style Veneer N-Style Micro Veneer
 Zir+ Crown Zir+ Bridge Zir+ Veneer Procera Crown Procera Bridge Procera Veneer
 e.max Crown e.max Inlay/Onlay e.max Veneer e.max Maryland Bridge



Doctor's Name _____ License # _____ Signature _____

Phone Number _____ - _____ - _____ Alternate or Cell Number _____ - _____ - _____ Client Code _____