



Custom Dental Aesthetics

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Today's Date	Patient Name	<input type="checkbox"/> M <input type="checkbox"/> F
		Age

Tooth Numbers:

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

Shade	Stumpf Shade	

INSTRUCTIONS

<input type="checkbox"/> Titanium Abut	<input type="checkbox"/> Cement Retained	<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Screwmented
<input type="checkbox"/> Zirconia Abut	<input type="checkbox"/> Opaqued	<input type="checkbox"/> Anodized	<input type="checkbox"/> Cement In-lab
<input type="checkbox"/> PFM	<input type="checkbox"/> High Noble Alloy	<input type="checkbox"/> Survey for Partial	
<input type="checkbox"/> Gold Crown	<input type="checkbox"/> Noble Alloy	<input type="checkbox"/> Diagnostic Wax-up	
<input type="checkbox"/> Hybrid Zirconia	<input type="checkbox"/> E.max	<input type="checkbox"/> LiSi	<input type="checkbox"/> Veneer
<input type="checkbox"/> Monolithic Zirconia	<input type="checkbox"/> Layered		<input type="checkbox"/> Porcelain Inlay/Onlay
<input type="checkbox"/> Translucent Zirconia	<input type="checkbox"/> Monolithic		<input type="checkbox"/> Temporary

TYPE OF OCCLUSAL SURFACE

1/2 Metal/Gold Occ. Porcelain Occ. Full Metal

TYPE OF FACIAL MARGIN

Metal Band No Band Porcelain Butt

Finish Date _____ Hour _____

Dr. Signature _____ Phone # _____ License # _____