



Creart Laboratory, Inc.

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Creartlaboratory.com

Patient: _____

Male Female Age: _____ Today's Date: _____

Return Date: _____

Type Of Restoration

Type of Alloy

- Super Trans Full Zirconia
- Multi Layer Super Trans Full Zirconia
- Porcelain Fused to Zirconia
- e.max® Crown/Bridge/Veneer
- Porcelain Fused To Metal
- Porcelain Laminate Veneer
- Full Cast Gold Crown
- PMMA Long Term Provisional

- High-Noble Yellow White
- Noble Non-precious

Occlusal Staining

- None Light
- Medium Heavy

BASIC SHADE: _____

STUMP SHADE: _____

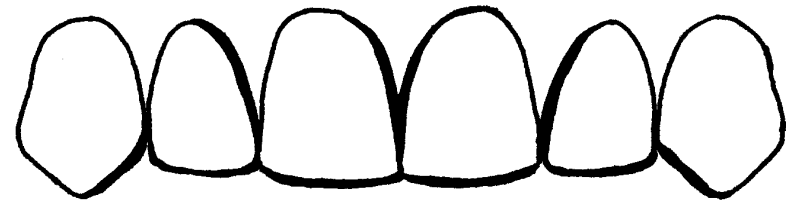
USE O FOR RESTORATION. BRACKET SPLINTS

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	

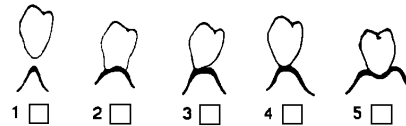
Signature of Dentist: _____

License#: _____

Special Instructions



Pontic Design



Ridge Relief

- None Slight
- Medium Heavy

Desired length of Central _____ mm

Try-In?

- Frame work Bisque Bake

& width (optional) _____ mm