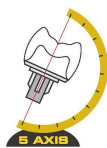


Dr.: _____
 Office Tel. #: _____
 Rx Date: _____ Date required: _____
 Patient Name: _____

5 Axis Dental Design

1380 Hopkins St. Unit 1
 Whitby, ON L1N 2C3
 Tel: 905.665.9990
 Fax 905.665.9994
 www.5axisdental.com



PFZ Porcelain fused to zirconia



- Zirconia crowns # _____
- Zirconia bridge # _____

PFM: Crown # _____

Bridge # _____

- non-precious semi precious > 50%
- high noble titanium all zirconia

Full metal crown: # _____

- non-precious semi precious > 50%
- high noble titanium all zirconia

All ceramics: # _____

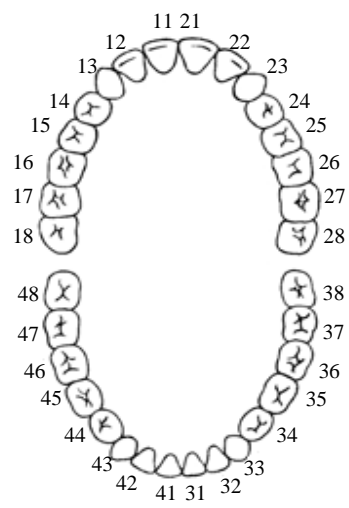
- crown veneer inlay/onlay

Material: blue block/lithium disilicate

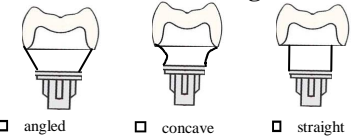
- Leucite zirconia

Temporaries _____

Finished shade:
 Stump shade _____ Required for all ceramics



Abutment Emergence



Maryland bridge zirconia # _____ Signature: _____

Implant Information <i>Must be provided for case to begin manufacturing</i>			Abutment Material <i>Must be provided</i>			Default 1 mm. below Cuff/tissue unless specified				Restoration material over Implant/abutment
Tooth #	Implant Brand	Diameter	Zirconia	Hybrid	Titanium	Buccal Facial	Distal	Mesial	Lingual	

Office Use: models _____ articulator _____ impression _____ tissue _____
 screws _____ bite _____ crown/bridge _____ guide pin _____ analog _____