



Commander In Teeth

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Doctor _____ Phone # : _____

PLEASE PRINT CLEARLY

Address _____

Patient _____ Sex : M F Age : _____

Date : _____

Due Date : _____ / _____ / _____

PORCELAIN FUSED

Non-Precious High Noble
 Semi-Precious Noble
 Maryland Bridge Post & Core
 Integrated Crown Post & Core

ALL METAL RESTORATION

40% Gold Non-Precious
 Noble Semi-Precious

ALL CERAMIC RESTORATION

E.Max Press Zirconia Layered
 E.Max CAD Zirconia Full
 Bruxzir Contour
 Composite Aesthetic Bruxzir
 Temporary Crowns

PARTIAL & DENTURE

FUD FLD Reline
 PUD PLD Repair
 Valplast Flexite
 Vitallium Framework

BUCCAL MARGIN DESIGN

Porcelain Butt Margin
 Metal Margin _____ mm

GUM SHADE

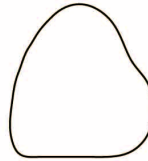
Light Lucitone 199
 Medium Lucitone 199
 Light Meharry Dark Meharry
 Medium Meharry

METAL DESIGN

3/4 Metal Occlusal
 Full Metal Occlusal
 Full Metal Occlusal
 1/2 Anterior Metal Lingual
 No Metal Collar
 Metal Lingual Collar
 360° Metal Collar

VENEERS

E.Max Veneers
 Layered Zirconia Veneers
 Empress Veneers



SHADE

PLEASE CHECK ONE

Bite Block Metal Try-In
 Teeth Try-In Custom Tray
 Finish Hard Base Plate

PONTIC DESIGN

No Contact
 Full Ridge
 Modified Ridge
 Point Contact
 Ovate Ridge

ONLAY / INLAY

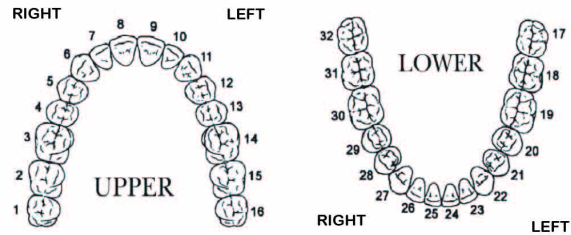
Empress NP
 Zirconia SP

IMPLANT

Non-Precious Zirconia
 Semi-Precious Cementable
 Screw Retained

NIGHTGUARDS

Hard/Soft Hard Soft



Rx SPECIFIC INSTRUCTION

Dr. Signature : _____ D.D.S. License No. _____