



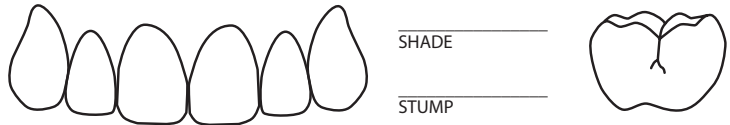
Applegate Dental Ceramics Inc.

1225 West Main St., Medford, OR 97501
 Ph (541) 772-7729 • Fx (541) 779-4028
 applegatedental@charterinternet.com

Nickolas G. Boosalis, CDT

DOCTOR			DUE DATE:		
PATIENT			By 5 p.m. (no a.m.)		
APPROX. AGE			SEX	PAN #	INVOICE:
	M	F			

PATIENT'S RIGHT SIDE								PATIENT'S LEFT SIDE							
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



<input type="checkbox"/> DELICATE	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> VIGOROUS	VALUE: <input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
OCCLUSAL STAIN: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark			DEGREE OF TRANSLUCENCY: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum		
RETURN: <input type="checkbox"/> Die Trim <input type="checkbox"/> Bisque <input type="checkbox"/> Metal Try-In			<input type="checkbox"/> Individual <input type="checkbox"/> Splinted		
NON-METAL RESTORATION: <input type="checkbox"/> IPS e.max / Empress <input type="checkbox"/> Lava-Cerec <input type="checkbox"/> Procera					
COPING DESIGN: (Please Circle One)					
Full Porcelain Coverage	Full Metal Collar	Buccal Cusp (Porcelain/Metal Occlusal)	Full Metal Occlusal (Veneer)	Full Coverage Lingual	2/3 Coverage Lingual
PONTIC DESIGN: (Please Circle One)					
Sanitary	Full Ridge	Modified	Bullet	Ovate	
MARGIN DESIGN: <input type="checkbox"/> No Metal To Show <input type="checkbox"/> Hairline Metal Margin <input type="checkbox"/> Porcelain Butt					
IF NO OCCLUSAL CLEARANCE: <input type="checkbox"/> Call					
<input type="checkbox"/> Metal Occlusion		<input type="checkbox"/> Adjust Opposing		<input type="checkbox"/> Ideal Occlusion	
<input type="checkbox"/> Reduction Coping					
DR. SIGNATURE			LICENSE NO.		DATE

LAB USE ONLY		Booked
DATE RECEIVED:		Models
ITEMS RECEIVED: <input type="checkbox"/> IMPRESSIONS <input type="checkbox"/> OPPOSING <input type="checkbox"/> BITE REGISTER <input type="checkbox"/> STUDY MODELS <input type="checkbox"/> PHOTOS <input type="checkbox"/> PARTS (See list below)		
METAL _____ GR _____		Die Trims
INITIALS 		Bite
INSTRUCTIONS:		Wax
_____		Metal Finish

_____		Opaque 1st / 2nd

_____		Porc. Margin

_____		Build, Grind Glaze

_____		FGC Finishing

_____		Quality Control

_____		Billed

_____		Bagged
