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Dr. _____

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DATE REQUIRED: _____

PATIENT'S NAME: _____
(PLEASE PRINT)

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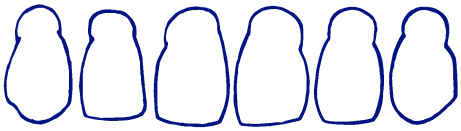
PLEASE INDICATE CASE REQUIREMENTS BELOW

A.	METAL	GOLD ☐	SEMI-PREC. (NOBLE) ☐	NON-PREC. ☐			
B.	OCCLUSION	METAL ☐	PORCELAIN ☐				
C.	CENTRIC CONTACT	FOIL RELIEF ☐	POSITIVE CONTACT ☐	CUSP FOSSA ☐			
D.	LATERAL EXCURSION	CUSPID GUIDANCE ☐	GROUP FUNCTION ☐				
E.	MARGIN ADAPTATION	EXACTLY TO FINISH LINE ☐	SLIGHT OVEREXTENSION ☐				
F.	LABIAL MARGIN	FINE METAL COLLAR ☐	PORCELAIN TO MARGIN ☐	PORCELAIN BUTT MARGIN ☐			
G.	PONTIC DESIGN	1. HARMONY ☐	2. CONE ☐	3. HYGENIC ☐	4. RIDGELAP ☐		
H.	CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐			

I. SHADE _____