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Account Number _____
 Doctor Name _____
 License Number _____
 Zip Code _____
 Telephone Number _____
 Email _____
 Certification Number _____

Date _____
 Patient Name _____
 Age _____ Sex _____
 Due Date _____
 Patient Appointment _____ Time _____
 Try In Date _____ Time _____

ENCLOSURES

We recommend to include study models and photos of the cases that involve anterior teeth.

- Full Arch Impressions
- Model
- Bite Registration
- Photos
- Articulator

Others _____

Are there existing restorations within the FirstFit treatment area Yes No

If yes, please specify _____

RESTORATION TYPE

- Bridge (max of 3 units)

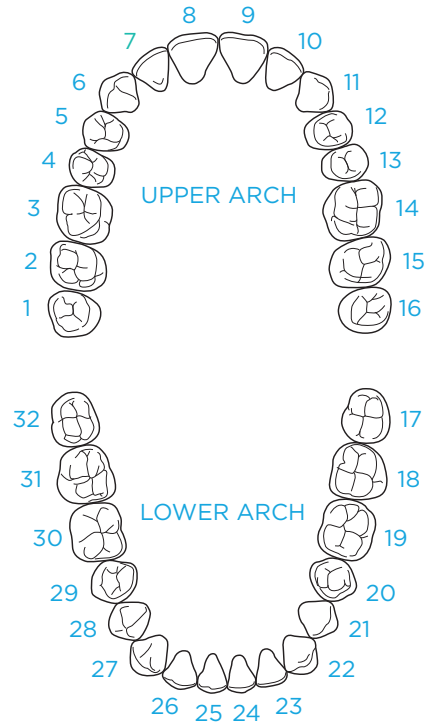
MATERIAL

- Zirlux® Zirconia

TOOTH NUMBER

- Bridge
- Tooth # _____ to _____
(Max of 3 units)

SPECIAL INSTRUCTIONS:



DESIGN

Pontic

- Full Ridge
- Oval _____ mm
- Ridge Lap
- Sanitary

Characterization

- Fracture lines
- Stains: _____
- Decalcification
- Ideal Anatomy
- Anatomy like adjacent
- Texture
- Gum color : _____

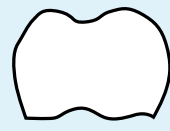
Smile

- Natural
- Mature
- Young Smile
- Hollywood

Shade: _____ Shade tab: _____

FINISH DETAILS

Map Color



Occlusal Staining

- None
- Light
- Medium
- Dark

Translucency

- Light
- Medium
- High