



# Digital Dental Fever

2218 Baxter Canyon Rd.  
Vista, CA 92081

PAN #: \_\_\_\_\_

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Email: digitaldentalfever@gmail.com

Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

Patient \_\_\_\_\_

Age	Date Sent
	/ /20
Gender	Date Due
M / F	/ /20

Restorations	Contact
<input type="checkbox"/> Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Super-T (Translucency) Zirconia <input type="checkbox"/> E-Max <input type="checkbox"/> N.P. <input type="checkbox"/> S.P. <input type="checkbox"/> Precious <input type="checkbox"/> Full Gold	<b>Proximal :</b> <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> Heavy <b>Occlusal :</b> <input type="checkbox"/> L(0.3mm) <input type="checkbox"/> M(0.1mm) <input type="checkbox"/> H(Touch) <b>Occlusal Stain :</b> <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <b>If no Occlusal Clearance:</b> <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing

CUSTOM IMPLANT	
<input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Zirconia with Ti-Base (Hybrid Abutment) <input type="checkbox"/> Screw Retained Full Zirconia	<b>ABUTMENT EMERGENCE PROFILE</b>  <input type="checkbox"/> Wide <input type="checkbox"/> Medium <input type="checkbox"/> Narrow
Implant System: _____	Size: _____

INSTRUCTION			
Rx _____			
	<table border="1"> <thead> <tr> <th>SHADE</th> </tr> </thead> <tbody> <tr> <td></td> </tr> </tbody> </table>	SHADE	
SHADE			
	Stump: _____		
Doctor Signature _____	License No. _____		