

# PINNACLE

## DIGITAL DENTAL RESTORATIONS

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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Patient Name: \_\_\_\_\_

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Not appointment date)

### All Ceramic Restorations

- ☐ LiSi Ceramic Press
- ☐ Zirconia Layered
- ☐ Zirconia Full Contour

### Temporary

- ☐ Temp
- ☐ Diagnostic Wax-Up

### Custom Implant Abutments

- ☐ Titanium
- ☐ Zirconia
- ☐ Gold Hue

### Full Cast

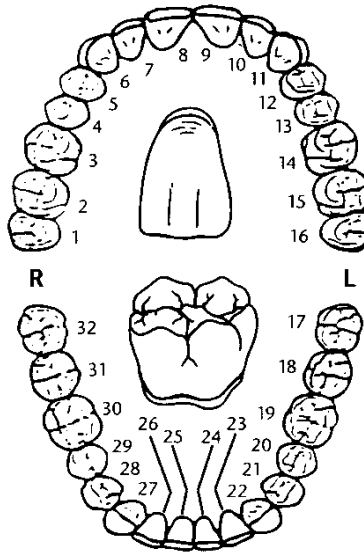
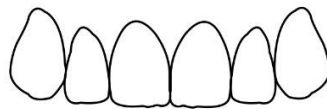
- ☐ FCC High Noble Yellow

### Pontic Design

- | Full Ridge  | Part Ridge  | No Ridge  | High Water  | Ovate   |
|---|---|---|---|---|
|  |  |  |  |  |

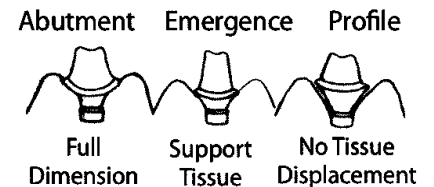
Final Shade: \_\_\_\_\_

Stump Shade: \_\_\_\_\_



(Indicate Implant Brand)

(Implant Platform Information)



**NOTE:** Please send a study model on all work involving anterior teeth.



**Lab ID #17138**

Enclose with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos

### IF NO OCCUSAL CLEARANCE

☐ Call Dr. ☐ Mark Opposing ☐ Reduce Prep (Make reduction coping)

SPECIAL INSTRUCTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Signature: \_\_\_\_\_ LIC. #: \_\_\_\_\_

