

Clyde Dental Lab

(828) 627-2200

Kent Decker CDT, AAACD

P.O. Box 526

166 Nelson Street Clyde, NC 28721

Date _____

Dr. _____

Address _____

City _____ State _____ Zip _____

Patient _____ Age _____ M _____

Type of Restoration/Instructions/Material

- pressed crown/veneer
- pfm
- porcelain butt margin
- full cast crown/inlay
- zirconia layered with porcelain
- full contoured zirconia

Tooth/Teeth _____ Shade _____

patient's concerns:

reminder list:

- measurements:** measured lengths of approved temps from margin to inc edge (8 and/or 9) - - these measurements are more accurate than from models
- digital photos:** pre-op, shade(s), prep shade
- horizontal leveling tool:** bite stick
- bite:** rigid bite material (ex. blu-mousse)
- impressions:** full arch is preferred
- models:** pre-op, opposing, approved temps

Dr. _____ # _____

