

B.I.T.
Dental Studio, INC.

Date Sent : _____
Try in Date : _____
Finished Date : _____

Doctor _____ Patient _____

Address _____

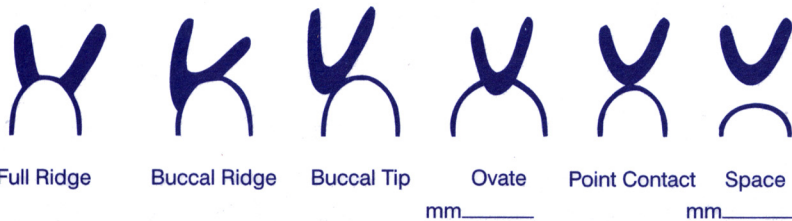
City _____ St _____ Zip _____

Phone _____ Sex _____ Age _____

METAL DESIGN



PONTIC DESIGN



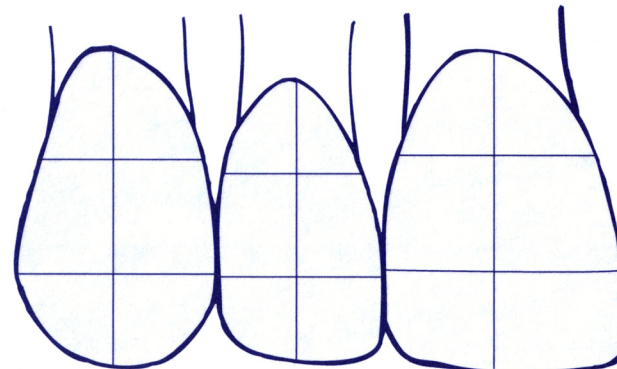
Ridge Relief
YES NO

INSTRUCTIONS

Will Opposing Teeth Be Restored? YES NO

PORCELAIN DESIGN

Cervical Stumps _____ Body Stumps _____



Occlusal Stain None Light Medium Dark **Shade:** _____

Surface Anatomy
 Smooth Textured Match Existing

Pink Tissue Shade: _____

Midline Shift L _____ mm R _____ mm

Length of Centrals From Cervical Margin _____ mm Porc. Butt

Tooth Shape Match Existing Make Ideal 360° Porc. Margin

Plane Occlusion Follow Waxup Match Existing Make Ideal

If Insufficient Room Reduce & Mark Opposing Please Call
 Reduce & Mark Prep. + Reduction Coping

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____