



5978 S. Harvey, Muskegon, MI 49444 • P (231) 799-6417 • F (231) 799-0014 • glsmiledesign.com

Doctor's Name _____ Phone _____
 Address _____
 Patient's Name _____ Age _____ Male Female
 Date Prepared _____ Due Date _____ Call When Ready

Pressable Ceramics

Single

E.Max
 Esthetic
 Authentic
 Pulse

Pontic Style

Bridges

E.Max
 Zir Press
 Lava
 Pulse

Shade

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

Shade _____

Vita Vita-3D Chromascop

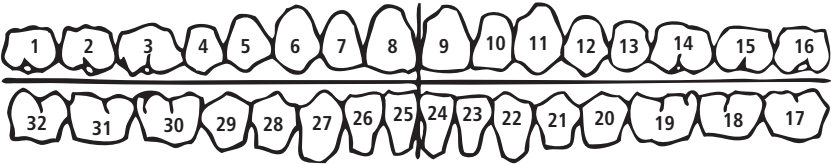
Value ← High ————— Low →
 White ————— Black

Prep Shade _____

ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
1	2	3	4	5	6	7	8	9	

Special Instructions

Note: Circle Root Canal Teeth



Doctor's Signature _____ License No. _____
 Model _____ Trim _____ Wax _____ Metal _____ Opaque _____ Porcelain _____ Polish _____
 (for internal use)