



OMEGADEN LABORATORY

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No: _____

┌ DR. _____

└ PATIENT'S NAME: _____

AGE: _____ MALE FEMALE

DATE SENT: _____

└ DATE WANTED: _____ AM PM

MATERIALS

- ZIRCONIA MONOLITHIC
- ZIRCONIA MULTILAYERED MONOLITHIC
- PORCELAIN FUSED ZIRCONIA (PFZ)
- PORCELAIN FUSED METAL (PFM)
- E-MAX CAD / GLASS CERAMIC
- E-MAX PRESS
- PMMA
- FULL METAL
- PEEK
- TITANIUM
- OTHERS: _____

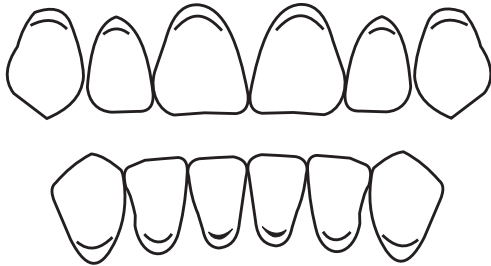
RESTORATION

- CROWN
- BRIDGE / SPLINTED CROWNS
- VENEER
- INLAY / ONLAY
- POST CORE
- MARYLAND
- OTHERS: _____

IMPLANT

- SCREW RETAINED
- CEMENT RETAINED
- BRAND: _____
- PLATFORM: _____

SPECIAL STAINING & TRANSLUCENT LAYER



18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Upper _____ unit/s Lower _____ unit/s

OCCLUSAL STAINING

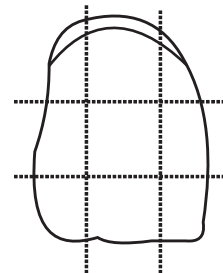
- NONE LIGHT MEDIUM HEAVY

GINGIVAL EMBRASURE

- CLOSE NATURAL OPEN

SHADE: _____

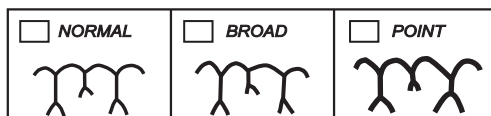
INDIVIDUAL CHARACTERISTICS



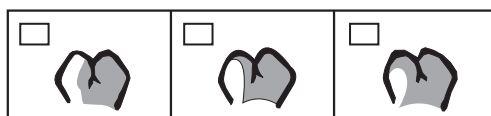
PONTIC DESIGN



PROXIMAL CONTACT



METAL OCCLUSAL



- | | | |
|--|--|---|
| <input type="checkbox"/> Study models | <input type="checkbox"/> Bite | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Master models | <input type="checkbox"/> Trays | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Impressions | <input type="checkbox"/> Shade guide | <input type="checkbox"/> Misc |