



2868 Westway Dr., Suite G, Brunswick, Oh 44212  
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**INSTRUCTIONS**

**FIXED RESTORATION**

**DOCTOR INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Patient Name \_\_\_\_\_ Sex F M Age \_\_\_\_\_

**RETURN DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

**CALL ME BEFORE PROCEEDING WITH CASE**

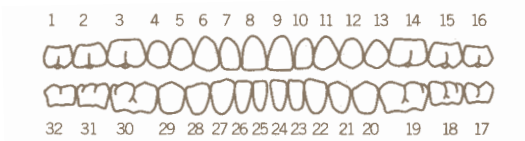
Return for Die Trim     Metal Try-In     Bisque Bake

Tooth # \_\_\_\_\_ Shade \_\_\_\_\_ Stump \_\_\_\_\_  
 Required for All Ceramic



- White Wax     Zirconia     Emax     PFM     Non-Precious
- Bruxer     Full Gold Crown     Noble
- High Noble
- Yellow     White

**CIRCLE TEETH NUMBERS**



**LABIAL MARGIN**

Fine Metal collar on tooth # \_\_\_\_\_     Lingual Metal on # \_\_\_\_\_

**STANDARD**     Show no metal 360 on tooth # \_\_\_\_\_

Porcelain Butt Margin on tooth # \_\_\_\_\_

**CONTACTS**     Broad     Normal     Point

**Occlusal Clearance**

Positive Contact     Cusp Fossa     Out of Occlusion     Foil Relief

Dr.'s Signature \_\_\_\_\_ License # \_\_\_\_\_

The person signing this work form accepts responsibility for payments and agrees to pay all collection costs including attorney's fees. (1.5%/18/yr) after 30 days