

# Bell'Arte

## Dental Laboratory

133 Arch St. # 6 Redwood City 94062  
tel.650 867 2555 Bellartelab.com

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

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

Shade: \_\_\_\_\_ Stump (dentin) Shade: \_\_\_\_\_  Custom Shade (call to schedule)

Occlusal Stain:  None  Light  Medium  Dark

### RESTORATION TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> Avant-Garde Anterior Layered Zirconia | <input type="checkbox"/> Virtuoso Posterior Layered Zirconia          |
| <input type="checkbox"/> Katana Full Contour Zirconia          | <input type="checkbox"/> EMAX Veneer (layered Lithium Disilicate)     |
| <input type="checkbox"/> Perla Feldspathic Veneer (Refractory) | <input type="checkbox"/> Implant <input type="checkbox"/> Pink Tissue |

- Call Dr  Return for die trim  Spot opposing if no room

### INSTRUCTIONS:

#### CHECKLIST:

- Impressions
- Models
- Bite reg
- Articulator
- Facebow
- Old Crown
- Photos

Signature: \_\_\_\_\_ Licence Nr. \_\_\_\_\_