



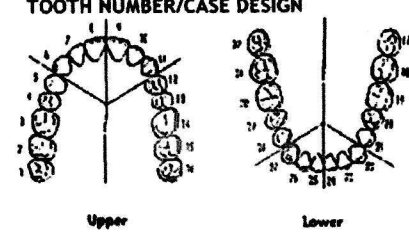
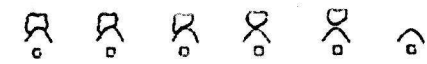
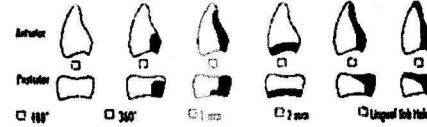
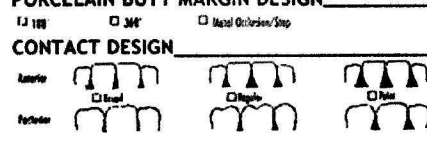
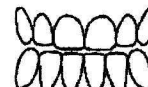
ALLSMAN DENTAL ARTS
 212 E Crossroads Blvd. #159
 Saratoga Springs, UT 84043
 (801) 944-3420

DR. _____ SEX MALE FEMALE DATE _____

PATIENT _____ AGE _____ DUE DATE _____

AM PM

FIXED RX

1. RESTORATIONS <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> A. PFM <input type="checkbox"/> NON-PRECIOUS <input type="checkbox"/> SEMI-PRECIOUS <input type="checkbox"/> HIGH-NOBLE </div> <div style="width: 18%;"> B. ALL-CERAMIC <input type="checkbox"/> PRESSED CROWN <input type="checkbox"/> PRESSED INLAY/ONLAY <input type="checkbox"/> PRESSED VENEER </div> <div style="width: 18%;"> C. FULL CAST <input type="checkbox"/> INLAY/ONLAY <input type="checkbox"/> CROWN <input type="checkbox"/> YELLOW GOLD <input type="checkbox"/> WHITE GOLD </div> <div style="width: 18%;"> D. OTHERS <input type="checkbox"/> CAPTEX <input type="checkbox"/> ZIRCONIA <input type="checkbox"/> CRISTOBAL </div> <div style="width: 18%;"> E. <input type="checkbox"/> LAB TEMPS <input type="checkbox"/> DIAGNOSTIC WAX-UP <input type="checkbox"/> SILTEX MATRIX </div> </div>				
2. DESIGN OPTIONS <input type="checkbox"/> PARTIAL REST <input type="checkbox"/> METAL TRY-IN <input type="checkbox"/> LINGUAL ARM	4. TOOTH NUMBER/CASE DESIGN  <p style="text-align: center;">Upper Lower</p>	6. PONTIC DESIGN _____  METAL MARGIN DESIGN  <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="checkbox"/> 180°/270° <input type="checkbox"/> 270° <input type="checkbox"/> Lingual Side Holder PORCELAIN BUTT MARGIN DESIGN <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="checkbox"/> Metal Occlusal/Stop CONTACT DESIGN  Anterior: <input type="checkbox"/> Enamel <input type="checkbox"/> Enamel <input type="checkbox"/> Enamel Posterior: <input type="checkbox"/> Enamel <input type="checkbox"/> Enamel <input type="checkbox"/> Enamel		7. IF NO OCCLUSAL CLEARANCE <input type="checkbox"/> METAL OCCLUSION/STOP <input type="checkbox"/> REDUCTION COPING <input type="checkbox"/> ADJUST OPPOSING
3. TOOTH # <input type="checkbox"/> CROWN <input type="checkbox"/> BRIDGE <input type="checkbox"/> PONTICS <input type="checkbox"/> SPLINT <input type="checkbox"/> INLAY <input type="checkbox"/> ONLAY	5. SHADE INDICATIONS SHADE GUIDE _____ SHADE _____ 		8. ENCLOSED ITEMS <input type="checkbox"/> PHOTOS <input type="checkbox"/> MODELS <input type="checkbox"/> BITE REGISTRATION <input type="checkbox"/> SHADE GUIDE <input type="checkbox"/> OLD CROWN <input type="checkbox"/> ARTICULATOR <input type="checkbox"/> OTHER	
9. _____ _____ _____ _____				