

# PURPLE DENTAL DESIGN

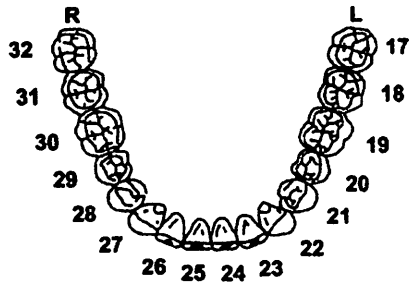
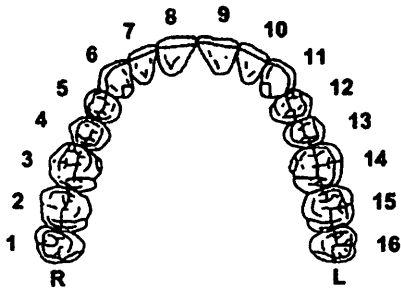
713-463-0888 713-858-0134 TX#:03019

Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Shade:  Acct# \_\_\_\_\_  
 Due Date: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> PFM-NON-Precious | <input type="checkbox"/> Porcelain Facial margin | <input type="checkbox"/> Framework              |
| <input type="checkbox"/> PFG-High Noble   | <input type="checkbox"/> Metal Occlusion         | <input type="checkbox"/> Wax Rim                |
| <input type="checkbox"/> Empress          | <input type="checkbox"/> Metal Lingual           | <input type="checkbox"/> Set up Teeth           |
| <input type="checkbox"/> Zirconia         | <input type="checkbox"/> Implant                 | <input type="checkbox"/> Stayplate Flipper      |
| <input type="checkbox"/> Captek           | <input type="checkbox"/> Rest Seat               | <input type="checkbox"/> Valplast               |
| <input type="checkbox"/> Full Cast /Gold  | <input type="checkbox"/> No Metal Shown          | <input type="checkbox"/> Immediate/Full Denture |



Full Ridge



Partial Ridge



No Ridge



Point Contact



No Contact



Ovate

## Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Lic#: \_\_\_\_\_