

Dr.: \_\_\_\_\_  
 Office Tel. #: \_\_\_\_\_  
 Rx Date: \_\_\_\_\_ Date required: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_

**5 AXIS**   
 DENTAL LAB  
 Tel: 1-855-695-2947  
 Fax: 905 579 3711  
 info@5axisdental.com

**PFZ Porcelain fused to zirconia**

PFZ Zirconia crown \_\_\_\_\_

PFZ Zirconia bridge \_\_\_\_\_

PFM: Crown \_\_\_\_\_

Bridge \_\_\_\_\_

non-precious  semi-precious  high gold

All Zirconia \_\_\_\_\_

All Titanium \_\_\_\_\_

All Gold \_\_\_\_\_

non-precious  semi precious  high noble  
 yellow gold

e.max crown lithium disilicate \_\_\_\_\_

Veneers porcelain \_\_\_\_\_

Veneers e.max \_\_\_\_\_

**Temporaries** \_\_\_\_\_



**Shade:**

Occlusal stain  
 heavy  
 medium  
 light



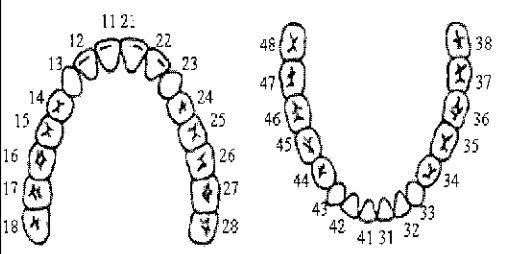
**PONTIC DESIGN**

HARMONY  CONE  HYGENIC  RIDELAP



Signature \_\_\_\_\_

Implant Information				Abutment Material		Crown/Bridge material		
Tooth #	Implant Brand	INT EXT	Diameter	Hybrid	Tita-nium	Emax	PFM	PFZ



**Office Use:** models \_\_\_\_\_ articulator \_\_\_\_\_ impression \_\_\_\_\_ tissue \_\_\_\_\_ photos \_\_\_\_\_

screws \_\_\_\_\_ bite \_\_\_\_\_ crown/bridge \_\_\_\_\_ guide pin \_\_\_\_\_ analog \_\_\_\_\_ other \_\_\_\_\_