magna

EST. 1967

109-15 Crossbay Blvd.
Ozone Park, NY 11417
Tel: (718) 641-5400
Fax: (718) 641-7143

℞

VITAL INFORMATION

SHADE _____

Rx DATE _____

DUE DATE _____ A.M. P.M.

_____
PATIENT NAME

☐ **CALL ME**

_____
DR. PHONE

☐ **BEEPER**

_____
BEEPER NO.

☐ **FINISH** ☐ **TRY-IN**

Dr. Name: _____

Address: _____

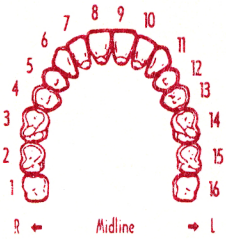
_____

_____

TOOTH NUMBER PONTIC _____

TOOTH NUMBER ABUTMENT _____

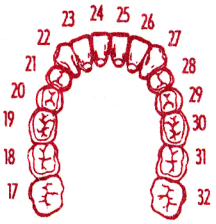
_____



TOOTH NUMBER PONTIC _____

TOOTH NUMBER ABUTMENT _____

_____



INDICATE CHARACTERIZATION IF ANY

OCCL. STAIN:

☐ NONE
☐ LIGHT
☐ MEDIUM
☐ DARK

PONTIC DESIGN:

BULLET SHAPE OFF THE RIDGE	BULLET SHAPE	MODIFIED PONTIC	RIDGE LAP
☐	☐	☐	☐

FACIAL MARGIN:	☐ METAL MARGIN	☐ SHOW NO METAL	☐ PORCELAIN BUTT
OCCLUSAL CLEARANCE:	☐ IN OCCLUSION	☐ OUT OF OCCLUSION	☐ FOIL RELIEF

Instructions _____

PERSONAL SIGNATURE OF DENTIST

DENTIST'S LICENSE #