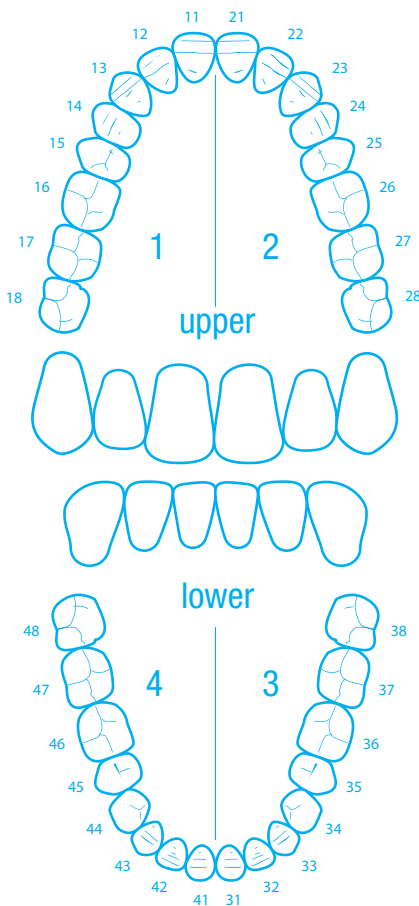


<input type="checkbox"/> Male	Patient	Treatment plan	<input type="checkbox"/> See back
<input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Photos
ID	_____		<input type="checkbox"/> New
Professional	_____	IMPORTANT:	<input type="checkbox"/> Touch-up
Center no.	_____	Call	DATE REQUIRED
		See	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>
			S M T W T F S

STEPS

<input type="checkbox"/> Articulated	<input type="checkbox"/> Fitting	<input type="checkbox"/> Temporary	Notes _____												
<input type="checkbox"/> Panadent face-bow	<input type="checkbox"/> Welding	<input type="checkbox"/> Diagnostic wax-up													
<input type="checkbox"/> Re-articulated	<input type="checkbox"/> Passive bar test	<table border="0"> <tr> <td></td> <td>Duplicate</td> <td>Siltek or putty</td> <td>Cutting guide</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Duplicate	Siltek or putty	Cutting guide	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Duplicate	Siltek or putty		Cutting guide											
UPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
LOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/> Trial	<input type="checkbox"/> Intraoral scan														

ESTHETIC FILE

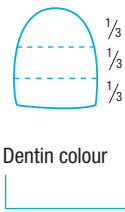


V = Veneer
C = Crown
B = Bridge

Desired materials

- MZ Monolithic Zirconia
- ZI Zirconia
- Ex e.max
- EM Empress
- SA Summum abutment (zirconia)
- MC Metal ceramic
- TF Temporary factory-made

Colour



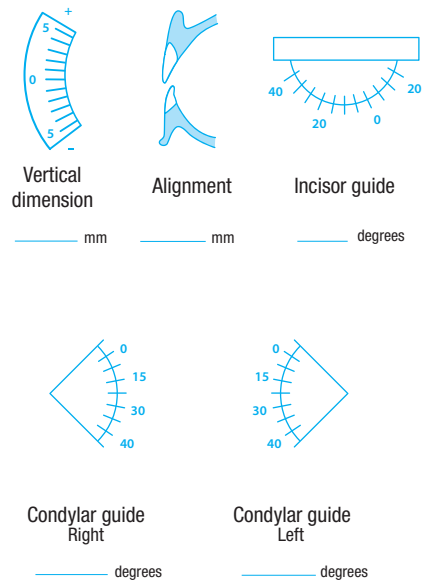
Translucency



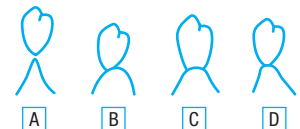
Implant

- Screw-retained
- Cement-retained
- Manufacturer: _____
- Platform diameter: _____ mm

Measurements



Pontic diagram



CHECKLIST

- Impression
- Bite
- Antagonist
- Temporary diagnostic wax-ups
- Photos (info@labsummum.com)
- No. of implant screws _____

Buccal margin

- E _____ mm
- F Porcelain/metal
- G Porcelain shoulder
- H Zirconia shoulder

Metal on lingual

- I Porcelain
- L Porcelain
- O Gold colour
- J Porcelain
- M Porcelain
- K Porcelain
- N Porcelain

