



STUDIO DENT

PANOS MAVROMATIS

D e n t a l L a b o r a t o r y

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Dentist name: _____

Patient name: _____

Date received: _____

Try-in date: _____

Finish date: _____

Phone / E-mail: _____

Sex: _____

Age: _____

Tooth shape: square tapering ovoid

Appliance type:

Porcelain fused to metal

Zirconia veneered ceramic

Zirconia monolithic

Lithium disilicate-veneered ceramic

Lithium disilicate-monolithic

Implants:

Screw-retained

Substructure material:

Zirconia

Lithium disilicate veneer

Feldspathic veneer on refractory die

Lithium disilicate inlay-onlay

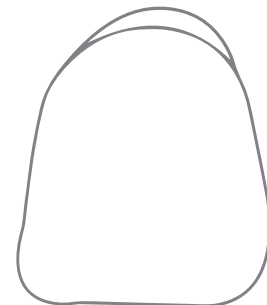
Metal composite

Composite inlay-onlay

Cement retained

Base metal alloy

Shade:



Instructions:

