845-744-3437 firmusdental.com

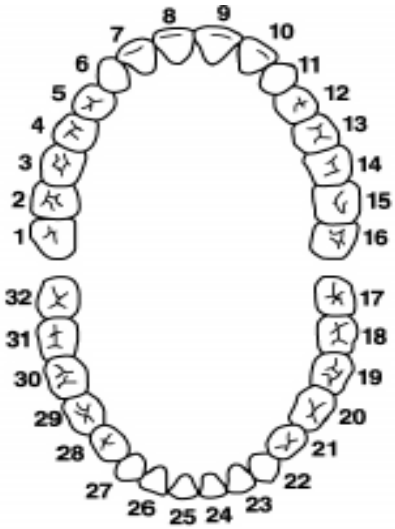
Dr. _____ Delivery PM of: _____

Pt: _____ Shade: _____

☐ Finish ☐ Try In ☐ Removal Button ☐ Buccal Collar	**Contacts:** ☐ Normal ☐ Tight ☐ Broad

Description	Denture	
☐ PFM	☐ Full	☐ Partial Casting
☐ Cast Crown or Inlay/Onlay	☐ Repair	☐ Other (Add note to bottom of form)
☐ Zirconia / All Porcelain (make selection below)	☐ Reline	

☐ Lava Plus	☐ Jensen HT Monolithic / Custom Shaded
☐ Lava Plus Monolithic / Custom Shaded	☐ Jensen HT Monolithic
☐ Lava Plus Monolithic	☐ Imagine Monolithic / Custom Shaded
☐ Jensen HT Layered Porcelain	☐ Imagine Monolithic
☐ Lava Ultimate (Inlays/Onlays)	☐ Jensen XT
☐ Jensen ECO Monolithic	



Notes: