



# TFF DENTAL STUDIO

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Largo, Florida 33773

727-333-9799

tffdentalstudio@gmail.com

Patient (Print) \_\_\_\_\_ Age \_\_\_\_\_ ☐ M ☐ F

## ALL CERAMIC

|                                                                                                                                                                      |                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> e.Max <input type="checkbox"/> CeltraPress<br><input type="checkbox"/> Monolithic <input type="checkbox"/> Layered<br><b>Tooth #s</b> _____ | <input type="checkbox"/> Zirconia Full Contour (BruxZir)<br><i>Zirconia Layered</i><br><input type="checkbox"/> Complete Layered <input type="checkbox"/> Facial Layered<br><b>Tooth #s</b> _____<br><input type="checkbox"/> Value + <input type="checkbox"/> Premium |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <h3>PFM</h3> <input type="checkbox"/> Non-Precious<br><input type="checkbox"/> Semi-Precious<br><input type="checkbox"/> Gold<br><input type="checkbox"/> Metal-Occlusal<br><h3>FULL CASTS</h3> <input type="checkbox"/> Non-Precious<br><input type="checkbox"/> Semi-Precious<br><input type="checkbox"/> Gold<br><b>Tooth #s</b> _____<br><input type="checkbox"/> Value + <input type="checkbox"/> Premium | <h3>IMPLANT CROWNS</h3> <input type="checkbox"/> Screw Retained<br><input type="checkbox"/> 1 Piece <input type="checkbox"/> 2 Piece<br><input type="checkbox"/> Lab Cemented <input type="checkbox"/> Chairside Cemented<br><b>Tooth #s</b> _____<br><input type="checkbox"/> Gold Abutment<br><input type="checkbox"/> Titanium Abutment<br><input type="checkbox"/> Zirconia Abutment<br>Implant Brand _____<br>Implant Size _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

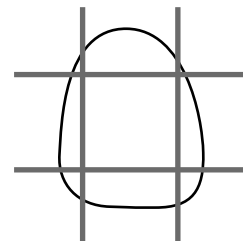
Special Instructions:

Detailed Shade Information

Cervical

Middle

Incisal



☐ Photos emailed to TFFDentalStudio@gmail.com

email: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_