



ORAL RECONSTRUCTION & COSMETIC ARTISANS OF HOUSTON, LLC

Date Due

mm/dd/yyyy

Patient

Dr.

Age

Sex

☐ M

☐ F

Single Unit(s): Posterior

- ☐ High Translucent Zirconia
☐ Lithium Disilicate
☐ Translucent Zirconia
☐ PMMA

☐ Layered ☐ Monolithic

Custom Anterior(s)

- ☐ Zirconia Layered
☐ Lithium Disilicate
☐ PMMA

Implants: Custom Cad/Cam Abutments

- ☐ Titanium Custom Abutment
☐ Ti Base
☐ Screw Retained
☐ Cement Retained

Other

- ☐ Hard Guard
☐ Hard Soft
☐ All on X
☐ Diagnostic Wax Up
☐ Crowns ☐ Veneers
☐ Matrix for Temporaries

Tooth Number(s)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Shade

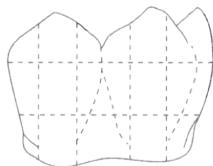
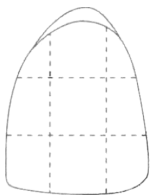
☐ Standard Shade

☐ Custom Shade (By Appointment Only)

Shade

Patient Phone #

Instructions



Send photos to: miguelonelo@yahoo.com

Instructions area for patient input.

Dr. Signature (type full name)

License #