

EUROTEK Dental Studio Inc.

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email eurotekab1@gmail.com

Doctor _____ Date _____

Patient _____ Date Due _____

Shade _____

Stump Shade _____



| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Porcelain Fused to Metal

- Semi Precious
- High Noble
- Try-in
- Full Cast Gold

Implants

- Custom Titanium
- Custom Zirconia
- Screw Retained
- Atlantis Abutment

All Porcelain

- Empress Layered
- Empress Inlay/Onlay
- Emax Layered
- Emax Full Contour
- Zirconia Full Contour
- Zirconia Layered
- Feldspathic Porcelain
- Temporary Restoration

Other

- Diagnostic Wax-up

Implant Restoration Type _____

Size _____

RX Instructions:

Signature _____ License No. _____