



MODERN TECHNIC CORP.

Date Sent: _____

Date Due: _____

3601 Parkview Ln., 10D
Irvine, CA 92612
Phone : (949) 394 -2693

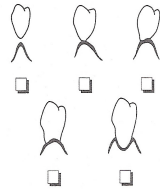
LABr: _____ Dr. : _____

Patient: _____ Age: _____ Gender: Male Female

Address: _____ City: _____ ST: _____ Zip: _____

Thickness of Coping: _____

PONTIC DESIGN



POSTERIOR METAL DESIGN

- Full Coverage
- Lingual metal colar
- Excluding buccal
- Including buccal cusp

Anterior Metal Design



Resin:

- Coping
- Bridges
- Full Crown
- Diagnostic Wax Up
- Metal collar
- Metal Island
- Implants
- Build Up Coping
- Pressed Crown

Tooth number:

Number of Coping: _____

Number of Pontic: _____

Number of Full Crown: _____

Number of Build up Coping: _____

Number of Implants: _____

SPECIFIC INSTRUCTION

Rx

SINGNATURE: _____ DATE: _____

ENCLOSED WITH CASE

____ Impression ____ Models ____ Bite

____ Articulator ____ Crown / Bridge