

Office: _____

Patient: _____

Patient Appt: ____/____/____

Prescription

RX

Tooth: _____

Shade: _____

Restoration

- Full Crown
- Veneer
- Inlay/Onlay
- Other _____

Zirconia

- Matrix HT 1200 Mpa
- Matrix ML 1000 Mpa
- Matrix UT 1100 Mpa

- Argen HT + 1250 Mpa
- Argen STML 850 Mpa

- Katana HTML 1125 Mpa
- Katana STML 748 Mpa
- Katana UTML 557 Mpa

Signature _____

Date ____/____/____