



Doctor Name _____

Patient Name _____

Phone # _____

Dr. Signature _____ License # _____

Return Date and Time _____

FIXED

- Full Zirconia
- Porcelain Fused to Zirconia
- E-Max
- Full Cast Metal
- Porcelain Fused to Metal

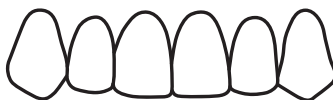
IMPLANTS

- Abutment
 - Custom
 - OEM
- Cement Retained
- Screw Retained
 - Pre-Cemented
- Surgical Guides/ JIGS

REMOVABLE

- Bite Splints
 - Semi-Rigid
- Premium Dentures with IPN
Denture Teeth

SHADING DIAGRAM



Shade _____

Teeth # _____

NOTES

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