



# Palmer Dental Ceramics

1123 Babcock Road Ste. A  
San Antonio, Texas 78201

(210) 733-3215  
Texas State Registration # 3813

[www.palmerdentalceramics.com](http://www.palmerdentalceramics.com)

|  |   |   |               |
|--|---|---|---------------|
| Patient Name<br>(Printed)  |   | Due Date  |               |
| Age  | Male <input type="checkbox"/> Female <input type="checkbox"/>   | Shade :   | Stump Shade : |
| <input type="checkbox"/> Zirconia  | <input type="checkbox"/> Esthetic Zirconia  | <input type="checkbox"/> E.max  |               |
| <input type="checkbox"/> Metal coping all porcelain coverage<br><input type="checkbox"/> Metal occlusal w/ porcelain facial<br><input type="checkbox"/> Full Metal   | <b>Margins:</b><br><input type="checkbox"/> Porcelain Facial Margin<br><input type="checkbox"/> Metal Band 360° | <b>Abutment Type</b><br><input type="checkbox"/> Titanium Custom Abutment <input type="checkbox"/> Ti-base<br><input type="checkbox"/> Zirconia Abutment w/ Ti Base           |               |
| <b>Metal :</b> <input type="checkbox"/> High Noble <input type="checkbox"/> Noble <input type="checkbox"/> Base  |   | <b>Abutment Emergence Profile</b><br><input type="checkbox"/> Surgical Placement <input type="checkbox"/> Tissue Displacement <input type="checkbox"/> No Tissue Displacement |               |
| <b>PONTIC DESIGN</b><br>   |   | <input type="checkbox"/> <b>Screw Retained</b> <input type="checkbox"/> <b>Cement Retained</b>  |               |
| <b>Pre-authorized Occlusal Modifications :</b><br><input type="checkbox"/> Relieve Opposing <input type="checkbox"/> Reduction Coping<br><b>Occlusal Staining:</b> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy |   |   |               |
| <b>CONTACTS:</b> <input type="checkbox"/> Broad <input type="checkbox"/> Medium <input type="checkbox"/> Tight <input type="checkbox"/> Light  |   |   |               |
| FOLD HERE  |   |   |               |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <h2>Rx</h2> </div> <div style="width: 80%; text-align: center;"> <br/> </div> </div>  |   |   |               |
| Dr's Name<br>(Printed)   |   | Doctor's<br>Signature   |               |
| D.D.S. License #:  |   | Date:   |               |