



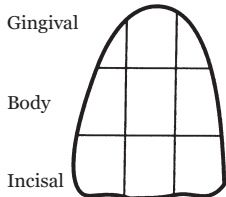
Crown Creations
 1015 NW Adams Street
 McMinnville, OR 97128
 (503) 435-1119

Seat Date: _____

Seat Time: _____

Practice Name: _____

Patient's Name: _____



Tooth #: _____

Gender: Male Female

Shade: _____

Prep / Stump Shade: _____

**Required for All Anteriors*

Shade Photo Email: shades4crowns@gmail.com

**Requested for All Anteriors*

Royal-Z.

- Full Contour Zirconia (Std.)
- Layered Zirconia (PFZ)
- Translucent Zirconia(XT)

Royal-E.

- Full Contour E-Max
- Layered E-Max
- Veneer

Royal-PFM.

**Select Alloy Type*

- Porcelain Fused to Metal
- Ceramic Margin 360° Collar Metal Lingual

Royal-AU.

**Select Alloy Type*

- Gold Crown/Bridge
- Gold Inlay /Onlay

Alloy Type: High Noble 58%+ Noble 25% -40% Non Precious 5%

Royal-Ti Implant

**Also select material type from above*

- Screw-retained Custom Titanium Abutment
- Cement-retained Stock Ti-base

Implant Platform: _____ **Size:** _____

Special Instructions:

Dr. Name _____ Date _____