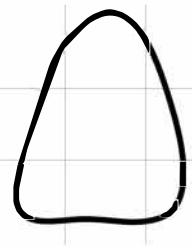


Emanuel Dental Laboratory, Inc.  
570 Lehigh Lane • Woodmere, New York 11598

**Lab Phone #:** (516) 792-5882  
**Cell Phone #:** (206) 948-4812  
**Email:** emanuel.khaimov@gmail.com

|   |   |   |      |
|---|---|---|------|
| DOCTOR  |   | PREP DATE   |      |
| PATIENT   |   | SEAT DATE   | TIME |
| <input type="checkbox"/> MALE                                 | <b>AGE</b>  | TOOTH NUMBER  |      |
| <input type="checkbox"/> FEMALE                               |   |   |      |
| <b>TYPE OF RESTORATION</b>                                    |   |   |      |
| <input type="checkbox"/> PFM                                  | <input type="checkbox"/> Pressable (e.max Monolithic) | SHADE: _____<br>STUMP SHADE: _____<br> |      |
| <input type="checkbox"/> FGC                                  | <input type="checkbox"/> Pressable (e.max Layered)    |   |      |
| <input type="checkbox"/> Implant Abt (Ti) (Zi)                | <input type="checkbox"/> Zirconia (Monolithic)        |   |      |
| <input type="checkbox"/> Feldspathic                          | <input type="checkbox"/> Zirconia (Layered)           |   |      |
| <b>TYPE OF METAL</b>  |   |   |      |
| <input type="checkbox"/> High Noble (Precious)                | <input type="checkbox"/> Type II                      | <b>OCCUSAL STAINING</b>   |      |
| <input type="checkbox"/> Noble (Semi-Precious)                | <input type="checkbox"/> Type III                     |   |      |
| <b>TYPE OF OCCLUSAL SURFACE</b>                               |   |   |      |
| <input type="checkbox"/> All Porcelain                        | <input type="checkbox"/> 2/3 Metal                    | <input type="checkbox"/> None   |      |
| <input type="checkbox"/> Metal Island                         | <input type="checkbox"/> Full Metal                   |   |      |
| <b>TYPE OF BUCCAL MARGIN</b>                                  |   |   |      |
| <input type="checkbox"/> Porcelain Shoulder                   | <input type="checkbox"/>                              | <input type="checkbox"/> Light  |      |
| <input type="checkbox"/> Disappearing Margin                  | <input type="checkbox"/> Metal _____ mm               |   |      |
| <b>TYPE OF LINGUAL MARGIN</b>                                 |   |   |      |
| <input type="checkbox"/> Disappearing Margin                  | <input type="checkbox"/> Metal _____ mm               | <input type="checkbox"/> Medium   |      |
|   |   |   |      |
| <b>FUTURE RESTORATION</b>                                     |   |   |      |
| Tooth Number _____  |   |   |      |
| <b>MISCELLANEOUS</b>  |   |   |      |
| <input type="checkbox"/> Mount on Semi-Adjustable Articulator |   |   |      |
|   |   |   |      |
|   |   |   |      |
|   |   |   |      |
| <b>ENCLOSED</b>   |   |   |      |
| <input type="checkbox"/> Photo                                |   |   |      |
| <input type="checkbox"/> CD                                   |   |   |      |
| <input type="checkbox"/> SD Cards                             |   |   |      |
| <input type="checkbox"/> Implant Parts                        |   |   |      |

Rx