

MINNESOTA FORM

Crown & Bridge

TO: QUADENT STUDIO INC.

14208 23rd Ave N. • Plymouth, MN 55447
 (763) 577-9346 • Fax: (763) 577-9347
 Quadentinc@gmail.com

Doctor _____

Address _____

City & State _____

Patient's Name _____

Date Sent _____

Inv. # _____

Pan No. _____

Tech. _____

Tech. _____

In _____

Out _____

In _____

Out _____

AGE

NEXT APPT. DATE _____ TIME _____

AM

PM

METAL TRIAL

BISQUE

FINISH

WAX-UP

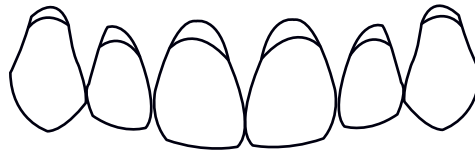
SHADE

Male Female

Vigorous Medium Soft

Porcelain / Metal	
Metal Crown	
Implants	
Temporaries	
Milled Empress	
Zirconia w/ Porc.	
Full Contoured Zirconia	
BruxZir™	
e-max® Layered	
e-max® Full Contoured	
Semi-Precious	
Medium Gold	
High Gold	

CHARACTERIZATION



Contact

Mesial

Distal

No Contact

Mesial

Distal

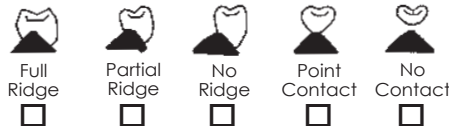
METAL DESIGN Please (Circle)



PONTIC DESIGN

Ridge Relief

None Slight
 Medium Heavy



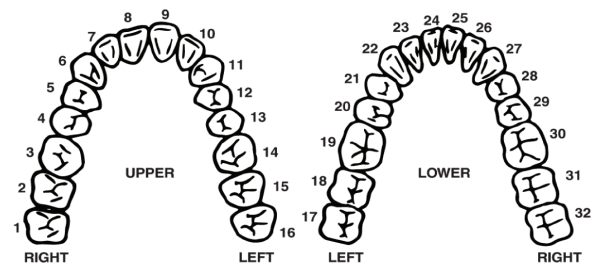
Please Send

Rx Forms Mailing Labels Boxes

Additional Rx Instructions

DOCTOR PLEASE RETAIN DUPLICATE COPY

DESIGN CASE



License No. _____

Signature _____ D.D.S.