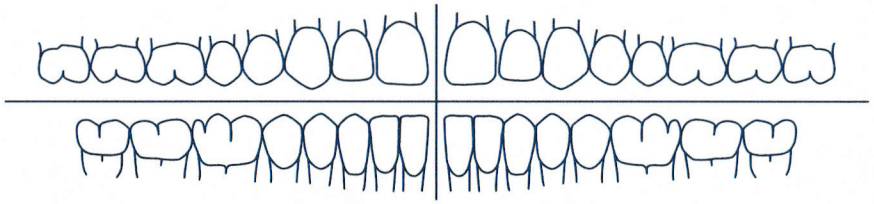
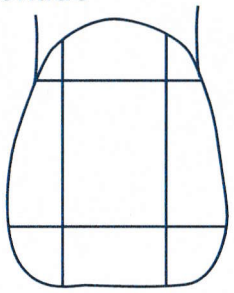
<クリニック保存用>

PRESCRIPTION SHEET

Clinic's Name(医院名)	Patient's Name(患者名)	Case No.
	☐ Male ☐ Female / Age(年齢)	Pick up(発行日) / /
Tel: Fax:	Doctor's Name(担当医)	Due Date(予約日) / / AM PM



Shade



Basic Shade

Shade Instrucions

Metal
- ☐ Yellow Precious
- ☐ Semi Precious
- ☐ Gold Type( )
- ☐ ( )

Restorations

- ☐ Zirconia All Ceramic Cr
- ☐ Full Anatomic Zirconia Cr
- ☐ Press Ceramic Cr
- ☐ Porcelain Fused Metal Cr
- ☐ Hybrid Resin Fused Metal Cr
- ☐ Full Metal Cr
- ☐ Porcelain Inlay
- ☐ Hybrid Resin Inlay
- ☐ Metal Inlay
- ☐ Provisional

Type
☐ Single ☐ Fixed ☐ Bridge

Implant
- ☐ Bmk ☐ 3i External
- ☐ Replace ☐ 3i Certain
- ☐ Strauman ☐ GC
- ☐ ASTRA ☐ Other

Type
- ☐ Screw Retain
  - ☐ Fixture Direct
  - ☐ On Abutment
- ☐ Cement Retain
  - ☐ Metal Abutment ( )
  - ☐ Zirconia Abutment( )
- ☐ Over Denture

Instructions

Margin Design
- ☐ Disappearing Margin
- ☐ Porcelain Buccal Margin
- ☐ Metal Margin

Contact

Occlusal
☐ Normal ☐ Tight ☐ Light

Proximal
☐ Normal ☐ Tight ☐ Light

Frame Design

Lingual

☐ 3/4 ☐ Normal ☐ None

Occlusal

☐ Full ☐ 3/4 ☐Normal ☐None

Pontic Design

☐ ☐ ☐ ☐ ☐

dental BiOVISION
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次回予定	添付品 ☐印 象 ☐模 型 ☐対合歯 ☐参考模型 ☐その他 ☐バイト ☐咬合器 ☐メディア ( )

使用材料名/Lot No.
