DENTAL AESTHETICS

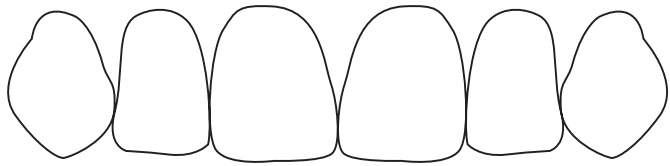
132 Collingwood Street
Nelson 7010
Phone: 03 545 8440
Email: dentalaesthetics@xtra.co.nz

Dentist: _____

Patient's Name: _____ **Home Phone:** _____

D.O.B. _____ **Gender: M / F** **Mobile:** _____

SHADE ☐



Type of Restoration	**Material**	**Margin Design**	**Material**
Crown ☐	Precious ☐	180° ☐	Gold ☐
Bridge ☐	Semi Precious ☐	270° ☐	Titanium ☐
Veneer ☐	Veneer ☐	360° ☐	Zirconia ☐
Inlay or Onlay ☐	Other ☐	Metal ☐	*Customised*
Implant Work ☐	E-Max, Express ☐		Zirconia ☐
	Procera		Gold ☐
	Alumina ☐		Titanium ☐
	Zirconia ☐		

Additional Notes:

Date Sent: _____

Try-in: _____

Finish: _____