



GALLEGRO
DENTAL ARTS

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www.gallegodentalarts.com

Doctor: _____

Address: _____

Patient: _____

Date: _____ Date Wanted: _____

Age: _____ Sex: M F Photo Emailed: _____

RESTORATION TYPE

- E-max Zirconia
 PFM Crown

Other: _____

IMPLANT TYPE

- SCRC (Screw-retained)
 Cemented Angulated
Screw Retained

IMPLANT ABUTMENT

- Zirconia Titanium

Interproximal Contact

- Broad Normal Narrow

Margin Type

- Porcelain Metal

Occlusal Type

- Porcelain Metal

Pontic Type

- Ridge Lap Modified Ridge Lap
 Hygenic Ovate

Occlusal Contact

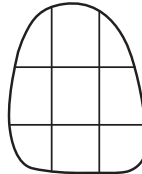
- Positive 1 Layer Foil
 2 Layers Foil No Contact

Occlusal Stain

- None Light Heavy

SHADE: _____

Emax Stump Shade:



Instruction



Doctor's Signature

Please send case photos to: smile@gallegodentalarts.com