305 763 46 43
@allporcelain89

FINAL DATE

All Porcelain

932 SW, 82 ND AVE, MIAMI, FL 33144 - SUITE B

Aprob **TECHNICIAN**

Completion date

Technician name

Office: _____

Doctor: _____

Patient: _____

☐ Male ☐ Female

Date: _____

ONLY USE LABORATORY

Units _____

Color _____

Materials _____

Veneers

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Crown

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Bridge

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DESCRIPTION: