

Caz nr : _____

Data : _____

PACIENT

Nume _____

Prenume _____

Varsta ____ **Sex** F / B

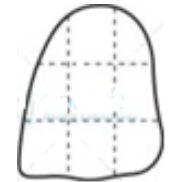
Boala(daca exista): _____

- Lucrare Clasic**
- Lucrare Medium**
- Lucrare Premium**

**Nume cabinet/
Clinica** _____

Nume Dr _____

Culoare :



18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Transparenta :

- Redusa
- Medie
- Profunda

Tipul lucrarii :	Material :	
Capa	Metal	
Fateta	PMMA	
Coroana	Zirconiu	
Inlay / Onlay	Ceramica	
Maryland	Pekkton	
Telescop I		
Telescop E		
Proteza scheletata	Implantologie	
Proteza partiala acrilica	Bont protetic - frezat	
Proteza totala acrilica	Fast and Fixed	
	Ghid chirurgical	
	Bara	

Pontic Design:



Contact prox.



Contact ocluzal



Design coroana



Machiaj ocluzal :

- Absent
- Natural
- Pronuntat

Mentiuni :

Altele:

Semnatura
