

# Trey

Dental Arts

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 Prairie Village, KS 66208  
 913 381 2202  
 treydentalarts@gmail.com

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

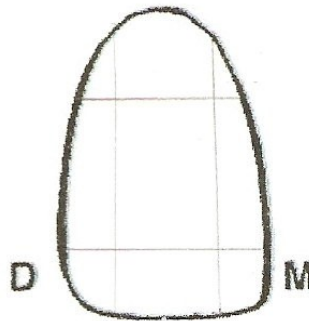
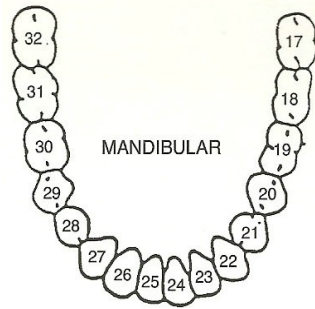
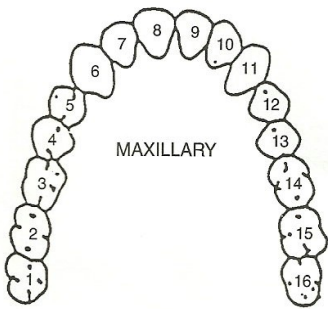
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email : \_\_\_\_\_

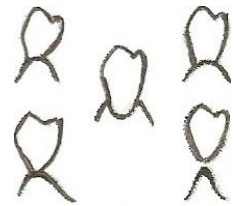
Patient's Name: \_\_\_\_\_

Gender : M F Age: \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### Pontic Design



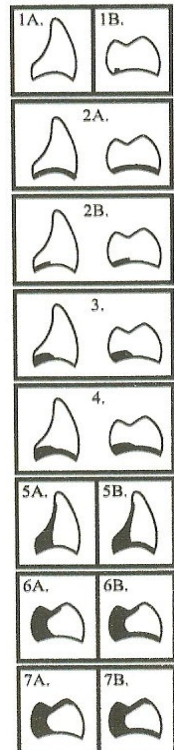
Occlusal Contact:  
 Normal \_\_\_\_\_  
 Light \_\_\_\_\_  
 Out of Occlusion \_\_\_\_\_

Occlusal Stain:  
 None \_\_\_\_\_  
 Light \_\_\_\_\_  
 Medium \_\_\_\_\_

Shade : \_\_\_\_\_

Prep Shade: \_\_\_\_\_

### Metal Design



### INSTRUCTIONS:

Signature: \_\_\_\_\_

License #: \_\_\_\_\_