

STARFIRE

ALL CERAMIC RESTORATIONS



Date Required _____

By 5:30 pm

Dr _____

Patient _____

Date Sent _____

ZIRCONIA e-Max Other _____

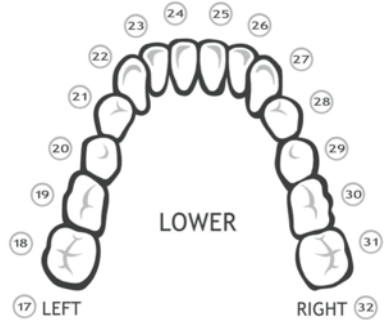
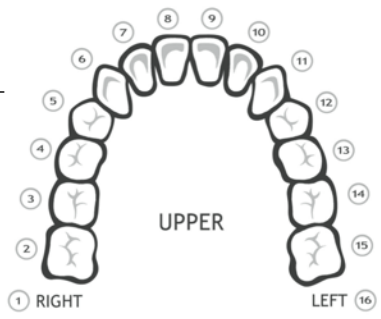
Crown Bridge

Shade Required _____

Occlusal Stain

Pontic Design

-  Sanitary
-  Full Ridge Lap
-  Modified Ridge Lap*
-  Bullet
-  Ovate



Special Details

Text