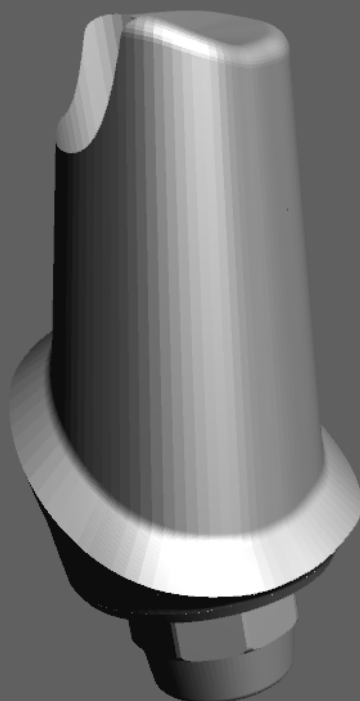


CUSTOMER INFORMATION

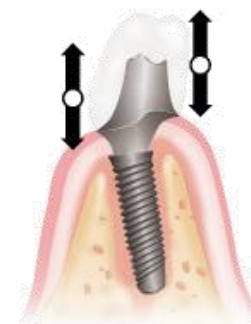
Clinician		Request date	
Patient	aya		

CASE DATA



Margin Position (From Gingival Crest)

- | | |
|----------------------------------------|---------------------------------|
| <input type="checkbox"/> Supra | <input type="checkbox"/> 0.1 mm |
| | <input type="checkbox"/> 0.3 mm |
| <input checked="" type="checkbox"/> EQ | <input type="checkbox"/> 0.5 mm |
| | <input type="checkbox"/> 1 mm |
| <input type="checkbox"/> Sub | <input type="checkbox"/> 2.5 mm |
| | <input type="checkbox"/> 4 mm |



EMERGENCE WIDTH



- | |
|----------------------------------------------------------|
| <input type="checkbox"/> No Support tissue |
| <input type="checkbox"/> Anatomical |
| <input type="checkbox"/> Gums slightly pressing the form |
| <input type="checkbox"/> Lot of gum pressing the form |

Comment