

DR. NAME _____

FULL ADDRESS _____

GROUP / PRACTICE NAME _____

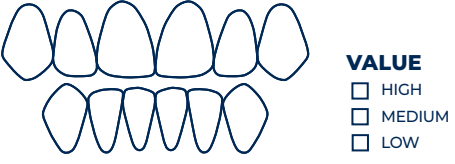
EMAIL _____ PHONE _____

PATIENT INFO FIRST NAME _____ AGE _____
 LAST NAME _____ FEMALE
 MALE

DUE DATE _____ **TODAY'S DATE** _____

TOOTH NUMBER(S)

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

SHADE 

CHARACTERIZATION

	HEAVY	MEDIUM	MINIMUM	NONE
Translucency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobing	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	HEAVY	MEDIUM	LIGHT	NONE
Surface Texture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occlusion Stain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypo-Calcification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occlusion Stain Color _____

Stumpf/Prep Shade _____

Gingival Shade _____

Body Shade _____

Incisal Shade _____

METAL-FREE

Full Contour Zirconia Temporary
 Aesthetic Zirconia Other
 Layered Zirconia
 Lithium Disilicate
 Layered Lithium Disilicate

FULL CAST

High Noble / Precious WHITE
 Noble / Semi-precious YELLOW
 Base / Non-precious Call to Discuss

PORCELAIN TO METAL

High Noble / Precious WHITE
 Noble / Semi-precious YELLOW
 Base / Non-precious Metal Try-in

VERTICAL DIMENSION Open Bite _____ mm

CENTRAL LENGTH CEJ TOOTH # _____
 TO CEJ TOOTH # _____

DIAGNOSTIC WAX-UP

Prep Model Bite Matrix Temp Matrix

SHAPE

Smile Guide Design # _____

Match Photographs _____

Facial/Lingual Guide PUTTY CLEAR STENT

IF INSUFFICIENT ROOM

CALL REDUCE PREP REDUCE OPPOSING

OCCCLUSION CLEARANCE

IN OCCCLUSION OUT OF OCCCLUSION FOIL RELIEF

MOLD OF CROWN

FOLLOW STUDY MODEL MATCH EXISTING IDEAL
 CLOSE DIASTEMA

PONTIC DESIGN

SANITARY HALF RIDGE LAP FULL RIDGE LAP BULLET OVATE

MARGIN DESIGN

Facial All Porcelain Margin 360° All Porcelain Margin
 Facial Show No Metal with small lingual collar
 360° Show No Metal
 Metal Lingual/Metal Occlusal



IMPLANTS

System _____ Diameter _____

Screw Retained Cement Retained
 Doctor to Provide Components
 Lab to Provide Components
 Resin - Abutment Seating Index
 Surgical Guide
 Radiographic Surgical Guide

ATTACHMENT DESIGN

ERA Keyway Other _____

TEMPORARIES

SPECIAL INSTRUCTIONS

ENCLOSED WITH CASE

_____ MODEL
 _____ SHADE TAB
 _____ BITE
 _____ IMPRESSIONS
 _____ PHOTOS
 _____ ARTICULATOR
 OTHER _____

RETURN FOR

_____ DIE TRIM
 _____ EVALUATION
 _____ METAL TRY-IN
 _____ BISQUE
 _____ FINISH


CALL ME

REQUEST SUPPLIES

_____ RXS **OTHER** _____
 _____ BOXES _____
 _____ LABELS _____

DR. SIGNATURE _____

DR. LICENSE # _____ **EXPIRES** _____



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MKT00353_RevB