



Office Use Only

Case # _____

Received _____

PATIENT _____

AGE _____ MALE _____ FEMALE _____

RETURN DATE _____ TIME _____

SEAT DATE _____ TIME _____

ENCLOSURES

- ARTICULATOR OPPOSING MODEL STICK BITE
- BITE PHOTO PRE OP MODEL
- DIES:# SHADE TAB TEMP MODEL
- FACEBOW OTHER _____

RESTORATION MATERIAL

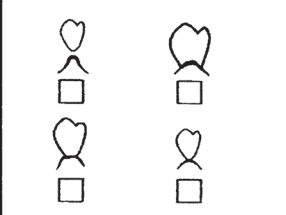
- Pressed To Metal
 - Stained Simple Layered Complex
 - White High Noble Yellow High Noble Non Precious
 - Feldspathic
- All Ceramic Emax Empress
 - Stained Simple Layered Complex
- Zirconium Full Countour
 - Polish Stain
- Zirconium with Porcelain
 - Simple Stack Complex
- Full Cast Crown
 - White High Noble Yellow High Noble
- Diagnostic Wax-Up
 - Natural Wax Beige Wax
- Temporary
 - Luxitemp Acrylic Gradia/Fiber Gradia/Metal
- Other _____

FABRICATION PURPOSE

- CORRECT MALALIGNMENT CONTOUR LIKE:
- CLOSE SPACES STUDY MODEL
- INCREASE LENGTH TEMP MODEL
- COLOR CHANGE OTHER _____

PFM MARGIN DESIGN PONTIC DESIGN

- METAL MARGIN
 - LINGUAL
 - 360° METAL MARGIN
- METAL-PORCELAIN JUNCTION MARGIN
- PORCELAIN BUTT MARGIN (90° SHOULDER REQUIRED)
- OTHER _____



DR _____

Address _____

City _____ State _____ Zip _____

Phone _____

SHADE

SHADE DESIRED _____
Please note custom characterization on your drawing.



PREP SHADE _____

CHARACTERIZATION

- SURFACE TEXTURE**
 SMOOTH MODERATE HEAVY
- OCCLUSAL STAINING**
 NONE LIGHT MEDIUM DARK
- INCISAL TRANSLUCENCY**
 MINIMAL(.5mm) MODERATE(1.0mm) MAXIMUM(1.5mm)

SMILE DESIGN INFO

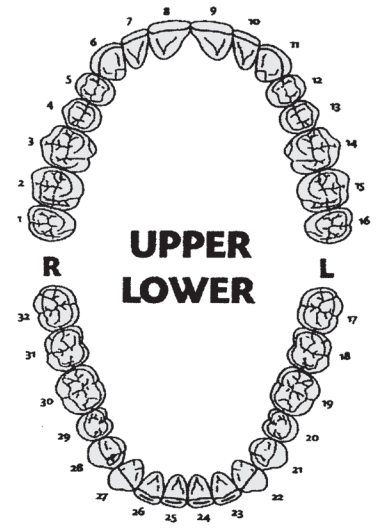
Ideal Central Length _____ mm

Smile Type _____

Soft Tissue Model

SPECIAL INSTRUCTIONS

TOOTH #'S TO BE RESTORED



PLEASE SEND ME: BOXES _____ RX _____ SHIPPING LABELS _____

PLEASE CALL _____ ATTENTION _____

LICENSE: _____ DR SIGNATURE _____