



Office Use Only

Case # _____

Received _____

PATIENT _____

AGE _____ MALE _____ FEMALE _____

RETURN DATE _____ TIME _____

SEAT DATE _____ TIME _____

DR _____

Address _____

City _____ State _____ Zip _____

Phone _____

ENCLOSURES

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

RESTORATION MATERIAL

- Pressed To Metal
 - Stained
 - White High Noble
 - Feldspathic
 - Simple Layered
 - Yellow High Noble
 - Complex
 - Non Precious
- All Ceramic
 - 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 _____

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

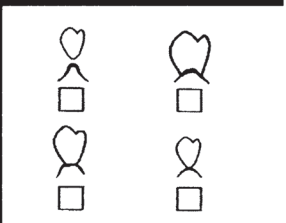
FABRICATION PURPOSE

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

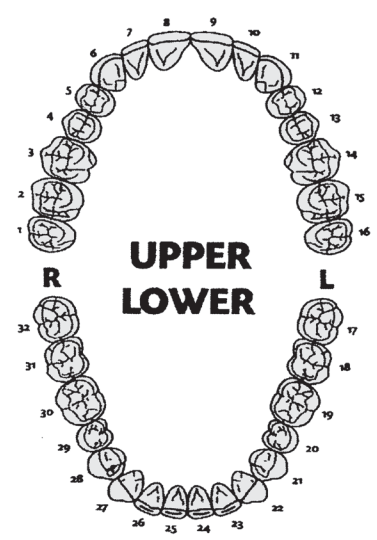
PFM MARGIN DESIGN

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

PONTIC DESIGN



TOOTH #'S TO BE RESTORED



PLEASE SEND ME: BOXES _____ RX _____ SHIPPING LABELS _____

PLEASE CALL _____ ATTENTION _____

LICENSE: _____ DR SIGNATURE _____