

CLIENT INFORMATION

Doctor _____

Patient _____ Age _____ Male Female

Date Sent _____ **DATE DUE** _____ Time: AM PM **Please do not appoint patient on due date**

FOR STUDIO USE

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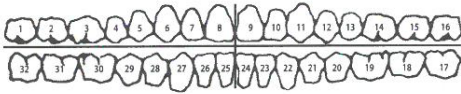
ENCLOSED WITH CASE

- IMP MODELS BITE STUDY MODEL DENTURE IMPLANT LAB ANALOG IMPRESS IN COPPING ___EA PHOTO USB OTHER

SPECIAL INSTRUCTIONS:

- PLEASE CALL DOCTOR SEND LAB SLIPS PLEASE EMAIL ME (EMAIL: _____) CASE PER _____ METAL TRY-IN
_____ BISQUE TRY-IN

SHADE NO. _____



TEXTURE

- High Glaze Natural Glaze Copy Natural Teeth

PORCELAIN FUSED TO FULL METAL CROWN TO

- | | |
|--|--|
| <input type="checkbox"/> Non Precious | <input type="checkbox"/> Non Precious |
| <input type="checkbox"/> Semi Precious | <input type="checkbox"/> Semi Precious |
| <input type="checkbox"/> Yellow Gold | <input type="checkbox"/> Yellow Gold |
| <input type="checkbox"/> White Gold | <input type="checkbox"/> White Gold |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

ALL PORCELAIN

- Procera Lava
 Zirconia Zirconia Base
 Alumina Porcelain Build up
 BruxZir
- 1PS Empress / "e. Max"
 - "Select"
 Single Units. All Ceramic, Monolithic, Pressed, Stained and Glazed
 - "Original" - Cut back incisal 1/3 and build up
 - "Master" - Dentin/Enamel layering

SHADE INFORMATION

- Pre-Operative Tooth Shade _____
 Requested Tooth Shade _____
 Prepared Tooth Shade _____
- All Teeth Same Color and Value
 Gradation of Color and/or Value
 (Central/Lateral/Cuspid)
 Distinct Translucency Zones
 Incisal Translucency None Slight Significant

DIAGNOSTIC WAX-UP

- Total # Units: _____
 Veneer Teeth #'s: _____
 Crown Teeth #'s: _____
 Onlay veneer #'s: _____
 Duplicate Silicon Index Copyplast

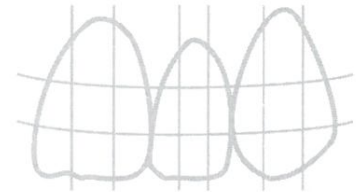
PROVISIONAL RESTORATIONS

- Total # Units: _____
 Veneer Teeth #'s: _____
 Crown Teeth #'s: _____

IMPLANT CASE

- Implant Brands: _____
 Implant Size: _____
 ABUTMENT PREFERRED: Indicate Implant # _____
 Stock: Titanium Zirconia
 Custom: Titanium Zirconia
 UCLA Type: With Ceramic Metal Only
 Special Request:

SHADE DIAGRAM



ESTHETIC CONSIDERATION

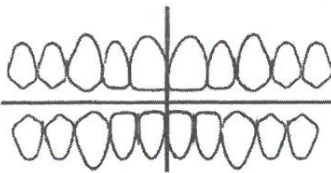
- Use FGTP Template
 Use Diagnostic Wax-up as Guide
 Use Provisional Cast as Guide
 Use Provisional Photos as Guide
 Adjust Level of Incisal Plane: Max Mand
 Draw In Diagram
 Adjust Level of Occlusal Plane: Max Mand
 Draw In Diagram
 Adjust Midline Position: L Rmm
 Adjust Midline Cant
 Draw In Diagram
 Change Max. Central: Lengthen.....mm Shorten.....mm
 Length of Tooth #8:mm
 Lateral Incisors Shorter Than Central By:mm
 Incisal Embrasures: Natural Closed
 Incisal Edges: Natural Closed
 Change Tooth Shape/Contour (Note Changes Below)
 Close Diastema
 Close Interdental Spaces
 Widen Buccal Corridor

OCCLUSAL CONSIDERATIONS

- Occlusal Records
 CR ICP
 Make Custom Incisal Guide Table From:
 Pre-op Casts Provisional Casts
 Develop anterior Guidance (Cuspid Guidance)
 Develop group function
 Open Vertical Dimension
 Fabricate to Opposing teeth
 Adjust Opposing Teeth
 Condylas Inclinations: _____
 Crossmount from: _____

DRAW WITH DASHED LINE CURRENT MIDLINE AND INCISAL PLANE RELATIVE TO HORIZONTAL AND VERTICAL LINES

- Correct Midline Cant and Incisal Plane to Match Horizontal/Vertical Lines
 Other Request: _____



FACIAL BUCCAL MARGIN

- Metal Porcelain Junction Margin
 Hairline or ____mm Metal Margin
 Porcelain Butt Margin
 360° Porcelain Margin

IF NO OCCLUSAL CLEARANCE

- Metal Island
 Occlusion
 Call Doctor
- Reduction (Die, Coping)
 Adjust Opposing
 * Would you like this to be a permanent note? Yes No

METAL DESIGN



BRIDGE PONTIC DESIGN



OCCUSION

- In-Occlusion
 Out of Occ. (1 Tape)
 2 Tape (0.3mm Sub)
 3 Tape (0.5mm Sub)
 * what thickness is your articulating paper.
 Please send us a sample.

CONTACTS

- Light
 Medium
 Heavy (Tight)

OCCUSAL STAINING

- None
 Light
 Medium



DR. SIGNATURE _____ D.D.S. LICENSE# _____

Terms : Net 30 Days / 2% Sevice Change Over Due Date. COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER (Doctor keeps PINK Slip Only)