

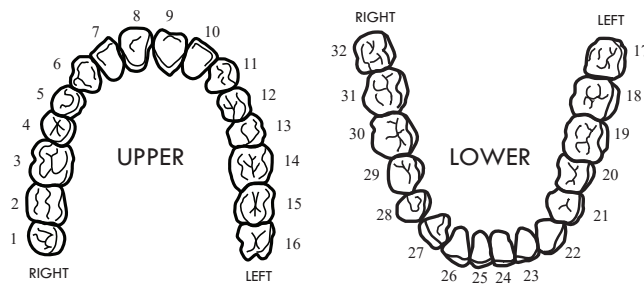
Dr: _____ Date: _____
 Address: _____
 City: _____ State: _____
 Phone: _____ ZIP: _____
 Patient: _____ Age: _____
 Male Female
 Request Return Date: _____ Time: _____

ENCLOSED WITH CASE

Impression Master Model Opposing Model Bite Relation
 Study Model Diag. Wax-Up Shade Tab Photo
 Denture Partial Old Crown Articulator
 Facebow Attachment Implant Components
 Other: _____

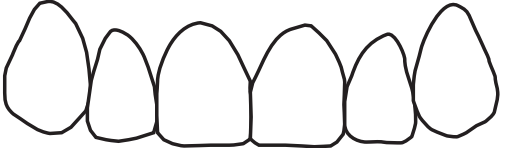
Special Instructions:

Please call Exception to Doctor Preferences
 Has this case been disinfected? Yes No
 Digital Scan Date Sent _____ Time Sent _____
 System _____



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Ceramic Shade Instructions



SHADE GUIDE USED

Vita Lumin Vivodent PE
 Vita 3-D
 Other: _____
 Final: _____
 Shade: _____ Stump Shade: _____

SURFACE TEXTURE

Smooth Moderate Heavy

OCCUSAL STAINING

None Light Medium Heavy

PONTIC DESIGN



RIDGE RELIEF

None Slight Medium Heavy

FACIAL MARGIN DESIGN

Metal-Porcelain junction margin*
 Metal hairline or _____ mm on buccal
 Porcelain butt margin (90° shoulder required)
 *Standard unless otherwise specified

Coping with full porcelain coverage*
 Metal lingual collar with porcelain coverage
 Metal occlusal excluding buccal cusp
 Metal occlusal including buccal cusp
 *Standard unless otherwise specified

IMPLANTS

Brand: _____ Size: _____
Simplet Abutment Process: Yes No
Material: Zirconium Gold Hue Titanium Titanium

CROWN & BRIDGE / CERAMICS

PORCELAIN TO METAL

Porcelain	Alloy
<input type="checkbox"/> Standard	<input type="checkbox"/> High Noble Yellow
<input type="checkbox"/> Low Abrasive	<input type="checkbox"/> Captek
<input type="checkbox"/> Noblite	<input type="checkbox"/> High Noble White
	<input type="checkbox"/> Noble White
	<input type="checkbox"/> Base Metal

ALL CERAMIC

IPS e.max
 IPS Empress Esthetic
 CerEnamel Veneers
 Stump Shade: _____

ZIRCONIA

E-Zr Total™ Lava
 E-Zr Natural™ Procera
 E-Zr™ Layered
 Other: _____

Upgrade my Restorations to



This case These crown #'s: _____

FULL CAST

High Noble Gold Noble White
 Noble Gold Base Metal
 Noble Y Post and Core

CUSTOM TEMPORARY

Temporary Crown
 Temporary Bridge
 Metal reinforcement
 E-Dent bridge
 Tooth #: _____
 Shade: _____

INDIRECT COMPOSITE

Inlay Onlay Crown
If not enough occlusal clearance:
 Metal occlusion Metal island
 Reduce opposing Reduce prep
 Reduction coping
 Would you like this to be added to your Doctor Preferences?
 Yes No

DIAGNOSTIC WAX-UP

Items included with case:

Pre-op impression/model
 Master impression/model
 Opposing impression/model
 Facebow
 Mounting record
 Stick bite
 Pre-op photos

Goal of final case:

<input type="checkbox"/> Close diastemas	<input type="checkbox"/> Restore worn teeth
<input type="checkbox"/> Change shape	<input type="checkbox"/> Normal guidance
<input type="checkbox"/> Move midline	<input type="checkbox"/> Widen smile
<input type="checkbox"/> Restore to CR	<input type="checkbox"/> Feminize smile
<input type="checkbox"/> Straighten teeth	<input type="checkbox"/> Rejuvenate smile
<input type="checkbox"/> Lengthen teeth	<input type="checkbox"/> Restore morphology
<input type="checkbox"/> Level occlusal plane	
<input type="checkbox"/> Replace missing teeth	

Teeth to be restored: _____
 Teeth to be replaced: _____

Tooth shape:

Maintain existing shape
 Match photos
 Follow intraoral mock-up
 Make ideal
 Smile library style: _____



Length:

#6 _____ #7 _____ #8 _____ #9 _____ #10 _____ #11 _____
 Special length instructions: _____

Over jet: _____ mm Overbite: _____ mm

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5% per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms.
Each prescription must be completed and signed.

X _____
 Doctor Signature License Number