

Patient Name: _____ Date Due: _____

Enclosed: ___ Impression(s) ___ Model(s) ___ Bite(s) ___ Photo(s) Other _____

Fixed Restorations

Full Cast Alloy

Yellow Noble White Noble
 Yellow High Noble Non Precious

Porcelain Alloy

Non Precious White Noble
 Yellow High Noble

Metal Free

ZR Picasso™ Full Contour ZR Picasso™ Layered
 ZR Picasso™ Full Contour Esthetic BruxZir®
 e.max® Full Contour Celtra Press
 e.max® Veneer PMMA Temporary
 e.max® Layered

Proximal Contact

Broad (B/L) Light
 Deep (I/G) Medium
 Diastema _____ mm Heavy

Metal Collars

Very Small Lingual Collar
 No Metal to Show 360°
 Very Small Collar 360°
 Porcelain Butt Margin
 Other: _____

Occlusal Contact

In Occlusion In Light Occlusion
 Out (0.5mm) Way Out (1.0mm)

Metal Occlusal

Full Metal Occlusal (Including Buccal Cusp) Metal Island
 Half Metal Occlusal (Excluding Buccal Cusp) Other: _____
 Metal Lingual

Pontic Design

Tooth #: _____

Shade: _____

Occlusal Stain

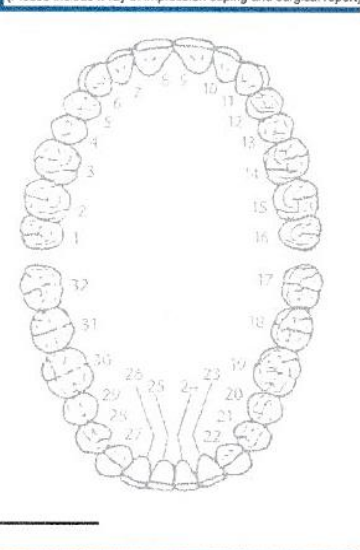
None
 Light
 Medium
 Dark

Implant Type & Size

(Please include x-ray of impression coping and surgical report)

Dr. Signature: _____ License #: _____

Supplies: Rx Forms Bio Bags Shipping Labels Boxes



Removable

Partials

Framework
 Framework w/ Bite

Denture

Comp Prem Denture
 Dupi Denture

Implants

Cementable Screw Retained

TISSUE DISPLACEMENT

No Blanch Med Blanch Full Blanch

Metal-Free Partials

Duraflex® Partial Flipper 1-3 teeth
 Valplast® Partial Flipper 4 or more teeth

- Replacing Teeth #'s: _____
- Replacing Teeth #'s: _____

Abutment Margin Depth

Facial Mesial
Lingual Distal

Acrylic Shade

Light Pink Dark Pink / Light Meharry
 Pink

Stents

Radiographic Stent
 Surgical Stent

Final Abutment Type

Stock Titanium
 Custom Titanium
 Custom Milled Titanium Nitride (gold shaded)

Sleep Appliance (Please Specify) _____

Night Guards

Soft Dual Nightguard
 Hard Impact

Other Bleach/Flouride Tray Omnivac Athletic Mouthguard