

DOCTOR: _____ PHONE: _____

PATIENT: _____

DATE SENT: _____ WANTED: _____

PLEASE CALL DOCTOR BEFORE STARTING THIS CASE

SHADE INSTRUCTIONS

SHADE #: _____



PORCELAIN VENEERS *Please Provide the Following Information:*

PURPOSE OF VENEER

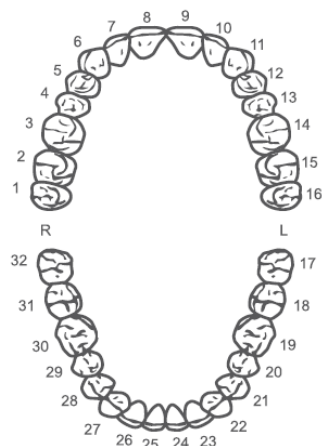
- CHANGE COLOR CORRECT ALIGNMENT
- CLOSE SPACE INCREASE LENGTH _____ MM
- SHADE OF PREPARED TEETH _____

SPECIFIC INSTRUCTIONS



ENCLOSED:

- Impression
- Bite
- Models
- Photos
- Other:



PRODUCT SELECTION

ALL-CERAMIC

- FULL CONTOUR ZIRCONIA
- LAYERED ZIRCONIA
- IPSE.MAX® PRESS
- VENEER

PFM

- NON-PRECIOUS
- SEMI-PRECIOUS
- HIGH NOBLE (GOLD)
- MARYLAND BRIDGE

FULL CAST ALLOYS

- NON-PRECIOUS
- SEMI-PRECIOUS
- HIGH NOBLE (YELLOW GOLD)
- INLAY, ONLAY (YELLOW GOLD)
- POST & CORE (NON-PRECIOUS)

IMPLANTS

- TITANIUM CUSTOM ABUTMENT
 - GOLD ANODIZATION
 - SILVER
- ZIRCONIA HYBRID CUSTOM ABUTMENT
- UCLA CUSTOM ABUTMENT
 - SCREW RETAINED
 - CEMENTABLE
- PARTS SUPPLIED by DOCTOR

SYSTEM: _____

MANUFACTURER: _____

CUSTOM STOCK

SIZES: _____

Specify implant brand, system and diameter:

Signature: _____ D.D.S. License # _____

Need Rx Forms Need Bags

CASE SPECIFICATIONS

METAL DESIGN

- COPING WITH FULL PORCELAIN COVERAGE
- METAL COPING WITH PORCELAIN COVERAGE*
- NARROW METAL BAND ALL AROUND
- METAL OCCLUSAL EXCLUDING BUCCAL CUSP
- METAL OCCLUSAL INCLUDING BUCCAL CUSP

** Standard unless specified otherwise*

PONTIC DESIGN



*

** Standard unless specified otherwise*

STAGES

- METAL/COPING TRY IN
- BISQUE BAKE TRY IN
- GLAZED POLISH

IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSAL
- REDUCTION COPING
- SPOT OPPOSING

** Would you like this to be a permanent note in your master file* YES NO