

DOCTOR INFO

DR.NAME: _____

GROUP / PRACTICE NAME: _____

Phone: _____ Email: _____

PATIENT INFO

First name: _____ ☐ Female Age: _____

Last name: _____ ☐ Male

Due date: _____ Date sent: _____

CROWN & BRIDGE

- ☐ Full Zirconia
- ☐ High Translucent Zirconia
- ☐ Porcelain Fused to Zirconia
- ☐ Emax Crown
- ☐ Emax Veneer
- ☐ Full Metal
- ☐ Porcelain Fused to Metal

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble

IMPLANT

Implant System _____

Implant Platform _____

- ☐ Custom Titanium Abutment
- ☐ Ti Base
- ☐ Screw Retained
- ☐ Cement Retained

DENTURE

ARCH

☐ UPPER ☐ LOWER

STAGE

☐ TRY-IN ☐ FINISH ☐ IMMEDIATE

TYPE OF TEETH

- ☐ Pro Standard
- ☐ Aesthetic (Cosmetic)

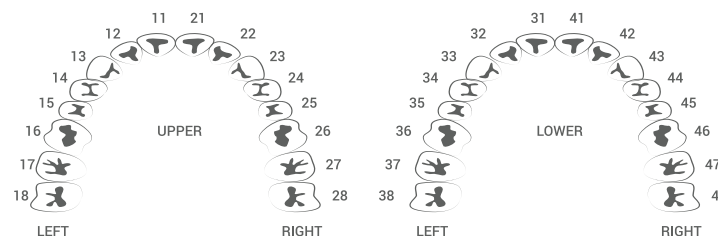
TYPE OF DENTURE

- ☐ Cast Metal Framework
- ☐ Flexible
- ☐ Acrylic

OTHER/ SPECIFY BRAND

TYPE OF CLASP FOR ACRYLIC

FRAMEWORK DESIGN



SPECIAL INSTRUCTIONS



FINAL SHADE _____

STUMP SHADE _____
must for all ceramic

NOTE

ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR
- OTHERS _____

OCCLUSAL CONTACT



No
☐



Light
☐



Heavy
☐

PONTIC DESIGN



APPLIANCE

☐ UPPER ☐ LOWER

- ☐ Soft Nightguard
- ☐ Hard Nightguard
- ☐ Hard/Soft Nightguard
- ☐ Essix Retainer
- ☐ Hawley Retainer
- ☐ Space Maintainer

IF NO OCCLUSAL CLEARANCE

- ☐ Call Doctor
- ☐ Adjust Opposing
- ☐ Adjust Prep
- ☐ Metal Stop/Occlusion