

DR. _____ Date Wanted _____


Patient Mr./ Ms. _____ Age _____

TYPE OF RESTORATION (Is this remake case? Yes No)


- PFM** Titanium Semi-Precious Precious
 Metal Occlusal Other (Specify) : _____
- Zirconia** Full Contoured Substructure
- Pressed** to Metal to Zirconia Inlay / Onlay
 E-Max Veneer;
- Porcelain** Laminate Inlay/ Onlay
- Full Cast Gold Crown** Yellow White

Type of Implant : _____ Type of Custom Abutment : _____

MARGIN DESIGN



1) Porcelain Veneered 2) Porcelain Shoulder (360) 3) Porcelain Shoulder (180) 4) Lingual metal band 5) Porcelain shoulder 6) Metal band (360)

PONTIC DESIGN	RIDGE RELIEF
	<input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

MISCELLANEOUS	If prep reduction is required,
Try-In <input type="checkbox"/> Substructure <input type="checkbox"/> Bisque Bake	<input type="checkbox"/> Reduce opposing & Mark
Will opposing teeth be restored? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reduction Coping

LAB USE

Photo Impression Bite Pre-op Model Model of Temps

Implant Parts Facebow ETC Invoice # ()

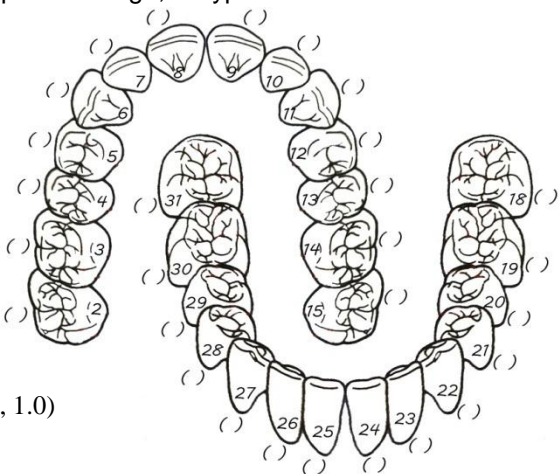
O for full cast, **[]** for splints & bridges, **S** for butt joint margin
 Write # on () for margin, pontic design, or type of restoration

OCCLUSAL STAIN

None
 Light
 Medium
 Dark

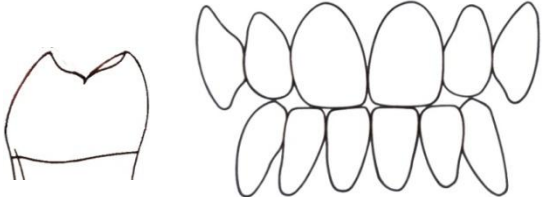
OCCLUSAL CONTACT

In Occlusion
 Out of Occlusion (0.3, 0.5, 1.0)



SHADE : _____

STUMP SHADE : _____



ADDITIONAL NOTE

Identify Your Smile

Dr. Signature _____ License # _____ Prep Date: / /

If you have any instruction to tell us, please let us know!!

Identify Your Smile