

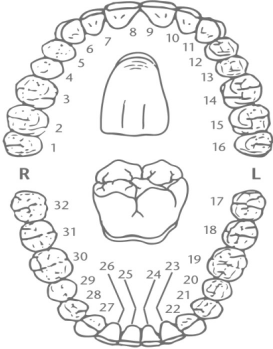
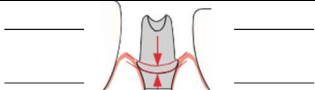
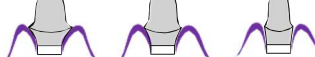


Doctor Name _____ Phone # _____ Deliver on _____

Address _____ E-mail _____

Patient Name _____ ☐ Male ☐ Female Age _____

First Last
Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

  SHADE _____ Tooth # _____ Pontic # _____ OCCLUSAL STAINING ☐ None* ☐ Light ☐ Medium ☐ Dark Cervical _____ Body _____ Incisal _____	 ABUTMENT MARGIN DEPTH  <i>If left blank, default values will be used</i> ABUTMENT MARGIN DESIGN Shoulder for _____ Chamfer for _____ ☐ all-ceramic ☐ P F M ☐ Zirconia ABUTMENT EMERGENCE PROFILE  CUSTOM ABUTMENTS ☐ Titanium* ☐ OEM Custom ☐ Zirconia ☐ Gold Colored Titanium ☐ Cast/UCLA IMPLANTS ☐ Cement-Retained* ☐ Screw-Retained (cemented) ☐ Place Screw Access Hole (not cemented) _____ Implant System _____ Implant Diameter _____mm	ZIRCONIA ☐ Multi-Layer Zirconia* ☐ Porcelain to Zirconia ☐ High Translucency ALL-CERAMIC ☐ IPS e.max Press ☐ IPS e. max Press Veneer ☐ IPS e.max Press Inlay/Onlay STUMP SHADE required _____ ☐ PMMA TEMPORARY ☐ Splinted* ☐ Individual Units ☐ Abutment #s _____ ☐ Pontic #s _____ ☐ Total Units _____ PONTIC DESIGN ☐ Modified Ridge Lap ☐ Ovate ☐ Hygienic ☐ Ridge Lap* IF NO OCCLUSAL CLEARANCE ☐ Call ☐ Email* ☐ Fax ☐ Reduction coping ☐ Spot/Mark/Reduce opposing ☐ Place Metal Island Would you like this to be a permanent note in your file? ☐ Yes ☐ No OCCLUSAL CLEARANCE ☐ In Occlusion* ☐ Light Occlusion ☐ Out of Occlusion	PORCELAIN FUSED TO METAL ☐ Base ☐ Noble* ☐ White High Noble METAL DESIGN ☐ Traditional PFM (w Lingual Band) * ☐ Butt Shoulder with Lingual Band ☐ Butt Shoulder No Lingual Band ☐ All Porcelain Butt Shoulder 360° ☐ Metal Band 360° ☐ Show no metal ☐ Metal Occlusal ☐ Metal Lingual METAL TRY-IN ☐ Yes ☐ No* FULL-CAST ☐ Base ☐ Noble* ☐ High Noble Yellow ☐ High Noble White POST & CORE ☐ Base ☐ Noble* Fit to Existing Partial? ☐ Yes ☐ No* CONTACT STYLE ☐ Normal* ☐ Light ☐ Broad ☐ Narrow ☐ Heavy/Broad ☐ Heavy
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Signature _____ License# _____ Date _____
*Standard unless specified otherwise
Lab Use Only: Pan# _____