



Dr. Name _____

Patient Name _____

Date ship to lab _____

Date due in Dr. office _____

Type of Case:

- Diagnostic Consultation
- Diagnostic Wax-up
- Restorative Case Teeth to be restored: _____
- Prosthetic Case Teeth to be replaced: _____
- Comprehensive Case Phased treatment
- Limited Case

Goal of Final Case:

- Close Diastemas Lengthen Teeth Widen Smile
- Change Shape Change Shade Feminize Smile
- Move Midline Restore Worn Teeth Rejuvenate Smile
- Restore to CR Normal Guidance Restore Morphology
- Straighten Teeth Comfortable Chewing Level Occlusal Plane

Items Included With Case:

- Pre-op imp/models
- Pre-op slides/photos including profile
- Impression of Pre-op intra-oral mock-up of centrals/anterior
- Pre-op stick bite
- Face bow Type: _____ Preps Pre-op Mock-up
- Face bow adjusted to esthetic horizontal
- Mounting records (bites)
 - CO CR
- Master Impressions Upper (Qty____) Lower (Qty____)
- Opposing Impression/Model
- Stick bite with preps
- Impression of provisional
- Diagnostic Wax-Up
- Photos of: prep shades final shades stick bite

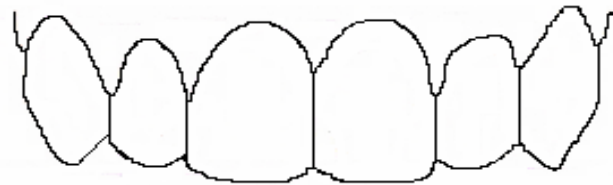
SHADING INSTRUCTION

Type of Restoration Desired:

- Pressed Ceramic (teeth #'s _____) Empress or Authentic
- Milled Ceramic (teeth #'s _____) Procera
- Lab Processed Resin (teeth #'s _____)
- PFM (teeth #'s _____)
- Gold (teeth #'s _____)
- Feldspathic (teeth #'s _____)
- D-Sign (teeth #'s _____)
- Authentic pressed to metal (teeth # _____)

Shade of Preparation: Stump shade of teeth # _____ ST _____
Stump shade of teeth # _____ ST _____
Stump shade of teeth # _____ ST _____
Stump shade of teeth # _____ ST _____

Details: _____



Shade: Body Shade _____ Gingival Shade _____
Incisal Shade _____ Occlusal Staining: none light heavy

Incisal Translucency: Minimal (0.5 mm) Moderate (1.0 mm) Maximum (1.5 mm)

Shade of Translucency: Clear Smoke Frosted Amber

Surface Textures: High Medium Light Smooth (No surface texture)

Surface Finish: High Glaze Polished Gloss Satin Finish Low Gloss

Ingot Choice (Optional): 01 TC1 T1 T2

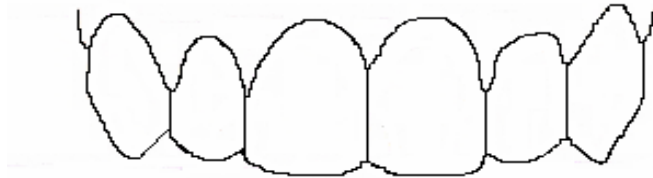
Additional Appearance Notes:

SHAPE & DIMENSION

Shape:

- Follow Intra-oral Mock-up _____
- Follow Provisionals _____
- Follow Wax up _____
- Match Photographs Included _____
- Design Handbook _____

Special Shape Instructions:



Lengths:

#6 _____ #7 _____ #8 _____ #9 _____ #10 _____ #11 _____

OB _____ OJ _____

Special Length Instructions: _____

Final CEJ to CEJ Measurement: _____ mm---taken from tooth # _____ to tooth # _____

Special Instructions: _____

Doctor's Signature _____ License# _____