

Doctor's Name: _____ Patient: _____

Address: _____ Patient Appt Date & Time: _____

Phone #: _____ Dr's Signature: _____

Porcelain Fused to:

- Non-Precious
- Semi-Precious
- White-Precious 40%
- White-Precious 52%
- Yellow-Precious
- Captek

All Ceramic Restorations:

- IPS e.max
- IPS Empress
- Cercon Zirconia
- Full Contour Zirconia

Full Cast Restorations:

- Non-Precious
- Semi-Precious
- 40% Gold (white)
- 60% Gold (yellow)
- 75% Gold (yellow)

Metal-Free Composite:

- Adoro

Implants:

- Screw Retained
- Cementable

Type: _____

Diameter: _____

Miscellaneous:

- Temp Crown
- Metal Occlusion
- Porcelain Butt Margin
- Rest
- Diagnostic Wax Up
- Shade Blend
- Locator
- Attachment (ERA)
- Key & Key way
- Locator
- Telescope
- Implant Bar
- Cast Implant Abut (UCLA)

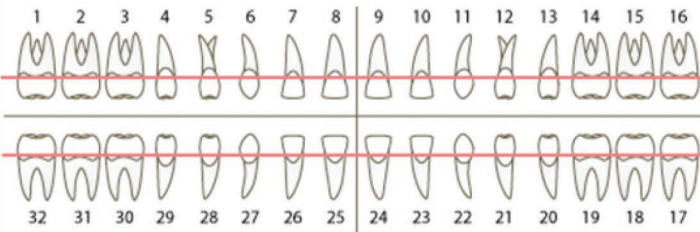
Tooth Number:

Abutment _____ Maryland Wing _____

Crown _____ Pontic _____

Inlay _____ Onlay _____

Veneer _____ Post _____



Basic Shade:

Custom Shade Design:

Shade Guide Used _____



Margin Design:

- No Metal Collar
- 180 Metal Collar
- 360 Metal Collar

Anterior Design:

Posterior Design:



Pontic Design:



Occlusal Clearance:

- Light
- Tight
- Open

Contacts:

- Light
- Normal
- Heavy

Occlusal Stain:

- None
- Light
- Medium
- Heavy

Fit (Die Spacer coats): x1 x2 x3

If Insufficient Room: (must select)

- Reduce Opposing
- Place metal Island/Occ
- Reduction Coping

Removable Prosthetics:

- UPPER
- LOWER

Tissue Shade:

- Clear
- Light Pink
- Regular Pink
- Dark Pink
- Lucitone 199 (extra charge)
- Ethnic (Meharry)
 - Mild
 - Moderate
 - Heavy

Tooth Shade:

Partial Denture:

Type of Material:

- Valplast
- Cr Co
- Vitallium
 - Framework only
 - Set Teeth Try-in
 - Finish
 - Complete (without Try-in)

Type of Tooth:

- Economic (yamahachi)
- Ivostat (extra charge)
- Ivoclar (extra charge)

Full Denture:

- Wax Try-in
- Finish
- Complete (Without Try-in)
- Acrylic (Immediate) Denture

Removable Extras:

- Bite Rims
- Custom Trays
- Flipper
- Repair
- Reline
- Rebase
- Add Valplast Clasp
- Add Clear Clasp
- Add Cast Clasp
- Add Ball Clasp
- Hard Mouth Guard
- Soft Mouth Guard
- Hard/Soft Mouth Guard
- Bleaching Tray
- Surgical Stent
- IID In Denture



License #: _____