

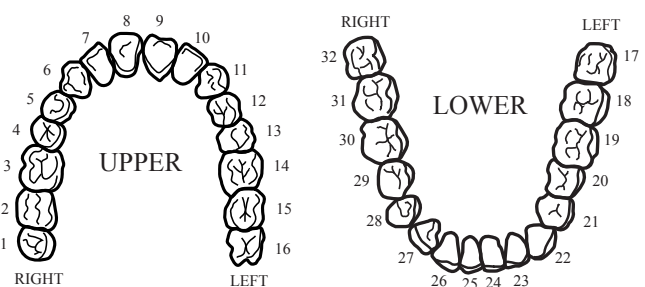
Dr.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Male  Female Age \_\_\_\_\_  
 Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ENCLOSED WITH CASE**

- Impression  Master Model  Opposing Model  Bite Relation  
 Study Model  Diag. Wax-Up  Shade Tab  Photo  
 Denture  Partial  Old Crown  Articulator  
 Face Bow  Attachment  Implant Components  
 Other: \_\_\_\_\_

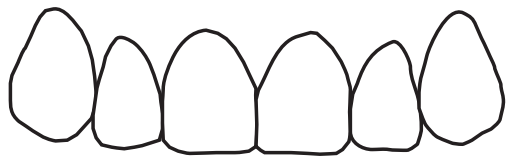
**Special Instructions:**

- Please call  Exception to my Doctor Preferences  
 Has this case been disinfected? Yes  No



**2065 West Woodland • Springfield, Missouri • 65807**  
**(800) 462.3569 • (417) 881.8572 • Fax (417) 881.0484**  
 West Plains, MO (417) 256.3474 • (800) 582.2291  
 Jefferson City, MO (573) 634.4710 • (888) 881.8572

**Ceramic Shade Instructions**



**SHADE GUIDE USED**

- Vita Lumin  Vivodent PE  
 Vita 3-D  Chromoscope  
 Bioform  
 Other: \_\_\_\_\_  
 Shade: \_\_\_\_\_

**SURFACE TEXTURE**

- Smooth  Moderate  Heavy

**OCCUSAL STAINING**

- None  Light\*  Medium  Dark

**PONTIC DESIGN**



**RIDGE RELIEF**

- None  Slight  Medium  Heavy

**BUCCAL MARGIN DESIGN**

- Metal hairline or \_\_\_\_\_ mm on buccal  
 Metal-Porcelain junction margin\*  
 Porcelain butt margin (90° shoulder required)  
 \*Standard unless otherwise specified

- Metal coping with porcelain coverage\*  
 Coping with full porcelain coverage  
 Metal occlusal excluding buccal cusp  
 Metal occlusal including buccal cusp  
 \*Standard unless otherwise specified

**CROWN & BRIDGE / CERAMICS**

**PORCELAIN TO METAL**

- Porcelain**  
 Standard  Low abrasive  
**Alloy**  
 High Noble Yellow  High Noble White  Noble White  Base Metal

**CAPTEK**

- Porcelain fused to Captek  
 ULTIMATE (low abrasive porcelain)

**ALL CERAMIC**

- Empress Esthetic  IPS e.max  CerEnamel  Stump Shade: \_\_\_\_\_

**ZIRCONIUM**

- Lava  Procera All-Zirkon  Zeno  Everest  Other  Lab choice

**INDIRECT COMPOSITES**

- Inlay  Crown  Bridge  
 Sinfony  Sinfony with Vectris reinforcement

**CUSTOM TEMPORARY**

- Pro-Temp crown  Pro-Temp bridge  Metal reinforcement  Fiber reinforcement  E-Dent Bridge  
 Splinted  Tooth #'s \_\_\_\_\_  
 Shade: \_\_\_\_\_

**FULL CAST**

- High Noble Gold  Noble Gold  40% Gold  Noble White  Base Metal  Post and Core

**If not enough occlusal clearance:**

- Metal occlusion  Reduce opposing  Reduction coping  Yes  No  
 Metal island  Reduce prep  
 Would you like this to be a part of your permanent file?  
 Yes  No

*Upgrade my Restorations to*



- This Case  These Crowns

Payment is due upon receipt of statement. Any payment or portion not received within 30 days of INVOICE is subject to a 1.5% per month service charge on unpaid balance until payment is received in full. Your signature is acceptance of these terms. Each prescription must be completed and signed.

X \_\_\_\_\_  
 Doctor's signature License Number

**DIAGNOSTIC WAX-UP**

**Items included with case:**

- Pre-op Impression/model  
 Master Impression/model  
 Opposing Impression/model  
 Facebow  
 Mounting Record  
 Stick Bite  
 Pre-op photos

**Goal of final case:**

- Close diastemas  Change shape  Restore to CR  Straighten teeth  Lengthen teeth  Level occlusal plane  Replace missing teeth  
 Restore worn teeth  Normal guidance  Widen smile  Feminize smile  Rejuvenate smile  Restore morphology

Other: \_\_\_\_\_  
 Teeth to be restored: \_\_\_\_\_  
 Teeth to be replaced: \_\_\_\_\_

**Tooth shape:**

- Maintain existing shape  
 Match Photos  
 Follow intraoral mock-up  
 Make ideal  
 Smile library style \_\_\_\_\_



**Lengths:**

#6 \_\_\_\_\_ #7 \_\_\_\_\_ #8 \_\_\_\_\_ #9 \_\_\_\_\_ #10 \_\_\_\_\_ #11 \_\_\_\_\_  
 Special length instructions:

Over jet: \_\_\_\_\_ mm Overbite: \_\_\_\_\_ mm