

Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Use Name for Patient I.D.

Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

### ENCLOSED WITH CASE

Impression  Master Model  Opposing Model  Bite Relation

Study Model  Diag. Wax-Up  Shade Tab  Photo

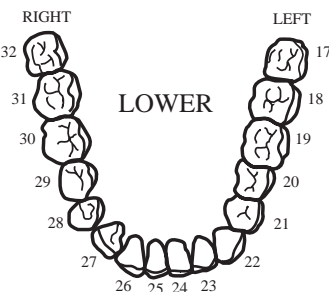
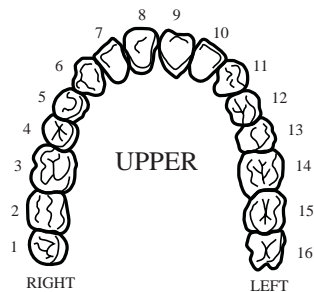
Denture  Partial  Old Crown  Articulator

Face Bow  Attachment  Implant Components

Other: \_\_\_\_\_

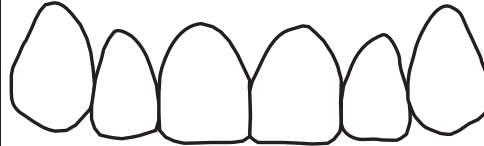
Special Instructions:  Please call  Exception to my Doctor Preferences

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  Illumine

Other: \_\_\_\_\_

Shade: \_\_\_\_\_

### SURFACE TEXTURE

Smooth  Moderate  Heavy

### OCCLUSAL STAINING

None  Light\*  Medium  Dark

\*Standard unless otherwise specified

### 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 ware

#### Alloy

High Noble Yellow  
 High Noble Yellow  
 Noble White  
 Base Metal

### CAPTEK

Porcelain fused to Captek  
 ULTIMATE Low-wear porcelain

### ALL CERAMIC

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

### ZIRCONIUM

Lava  Everest  
 Procera All-Zirkon  Other  
 Zeno  Lab choice

### INDIRECT COMPOSITES

Inlay  Crown  Bridge  
 Sinfony  
 Sinfony with Vectris reinforcement

### CUSTOM TEMPORARY

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

### FULL CAST

High Noble Gold  Noble White  
 Noble Gold  Base Metal  
 Post and Core

### If not enough occlusal clearance:

Metal occlusion  Metal island  
 Reduce opposing  Reduce prep  
 Reduction coping

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  Restore worn teeth  
 Change Shape  Normal guidance  
 Move midline  Widen smile  
 Restore to CR  Feminize smile  
 Straighten teeth  Rejuvenate smile  
 Lengthen teeth  Restore morphology  
 Level occlusal plane  
 Replace missing teeth

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

Return White Copy Completed

Keep Yellow Copy For Your Files

**Additional Notes:**

**Production Schedules**

**Support Product Reorder Form**

Quantity

Crown & Bridge

Porcelain Fused to Metal	6 days
Pressed Ceramics	6 days
Procera	10 days
Lava	12 days
CerEnamel Veneers	6 days
Indirect Composites	6 days
Pro Temp Temporaries	3 days
Full Cast Crowns	6 days
Diagnostic Wax-Ups	5 days

Crown & bridge prescription forms (50)	_____
Removable prescription forms (50)	_____
System 1 syringe Accu-Gel	_____
System 1 tray Accu-Gel	_____
System 1 impression trays	_____
System 2 syringe Accu-Gel	_____
System 2 tray Accu-Gel	_____
System 2 impression trays	_____
Celara starter kit	_____
Celara refill	_____
Microstone buff stone	_____
Microstone white stone	_____
Hard rock die stone	_____
Jadestone die stone	_____
Lab plaster	_____
Orthodontic plaster	_____
Mounting plaster	_____
Dazzle PS pumice substitute	_____

**RECOMMENDED TOOTH PREPARATION**

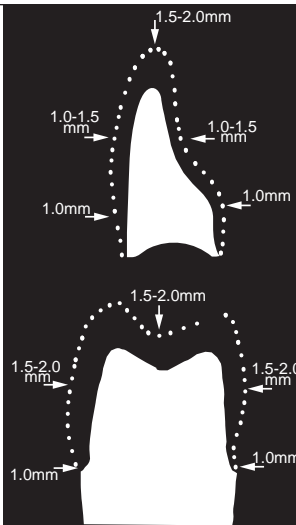
Proper prep design is an absolute requirement for creating life like all-ceramic restorations that have maximum strength, proper shade and translucency through optimal thickness of ceramic. These prep designs and reduction guidelines apply to all all-ceramic systems. They are also recommended for porcelain fused to metal restorations for improved overall esthetics.

**Anterior Crown**

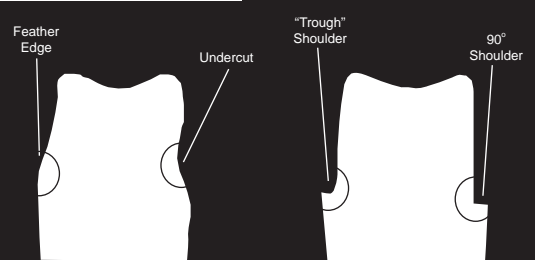
- 1.5-2.0mm incisal reduction
- 1.0-1.5mm labial reduction
- 1.0-1.5mm round the internal line angles

**Posterior Crown**

- 1.5-2.0mm occlusal/incisal reduction
- 1.0-2.0mm axial reduction



We do not recommend a feather edge margin prep design as it does not provide adequate reduction for porcelain or the trough (gutter) shoulder because it is difficult to detect.



Capella<sup>six</sup>  
Please add two additional days to our standard production schedule for the Capella six technique.

Dentures

Set-up	2 days
Process	2 days
Reline or Repair	1 day
Soft Reline or Rebase	2 days

Cast Partial Dentures

Cast Framework	6 days
Laser Weld Only	1 day
Repair Framework	1-4 days

Orthodontics

Hawley Appliance	3 days
Space Maintainer	3 days
Functional Appliances	5 days

Appliances

Bruxism	5 days
Slpints	5 days
TMJ	5 days

Pumice     fine     medium     coarse

	Fast Set	Regular Set
Affinity Impression Material	<input type="checkbox"/>	<input type="checkbox"/>
Light body High flow	<input type="checkbox"/>	<input type="checkbox"/>
Light body Regular flow	<input type="checkbox"/>	<input type="checkbox"/>
Heavy body	<input type="checkbox"/>	<input type="checkbox"/>
Inflex	<input type="checkbox"/>	<input type="checkbox"/>
Monophase	_____	_____
Putty kit	_____	_____
Quick bite	_____	_____
Affinity Crystal Clear matrix material	_____	_____
Template matrix material	_____	_____
6.5 green mixing tips (50)	_____	_____
4.2 yellow mixing tips (50)	_____	_____
Intra Oral tips (50)	_____	_____
Temptation temporary material	_____	Shade _____
Temptation glaze	_____	_____
Temptation mixing tips (25)	_____	_____
Tissue Goo hemostatic gel (4 syringes)	_____	_____
Posterior Quad Tray (25pk.)	_____	_____
Posterior Quad Tray (100pk.)	_____	_____
Anterior Quad Tray (25pk.)	_____	_____
Mix pack Quad Tray (25 ant./75 post.)	_____	_____
Cu-Sil cleanser	_____	_____
Stain Away Plus Denture	_____	_____