



ACCOUNT INFORMATION

PATIENT'S NAME _____

AGE _____ MALE FEMALE

PLEASE CALL

DATE _____ REQUESTED RETURN DATE _____

PLEASE RETURN CASE BISQUE BAKE GLAZED

FOR TRY-IN CASTING ASSEMBLED FRAMEWORK

ENCLOSURE

- STUDY CAST COUNTER MODEL SHADE TAB
- BITE ADJ. ARTICULATOR OTHER
- PHOTO DIES # _____

RESTORATION ON TOOTH #		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

ESTHETIC GOALS

- CHANGE COLOR CORRECT ALIGNMENT DIAGNOSTIC WAX-UP
- INCREASE LENGTH WIDEN BUCCAL CORRIDOR PUTTY MATRIX FOR TEMP FABRICATION
- CLOSE SPACES COMMENTS _____ ESTHETIC PREPPED MODEL

SIZE & FORM

- TOTAL LENGTH OF CENTRAL _____ mm
- LATERAL INCISAL EDGE:
 - Shorter by _____ mm
 - Same length as central

OPACITY

- MAXIMUM
- MEDIUM
- MINIMUM
- TRANSLUCENT

SURFACE TEXTURE

- SMOOTH
- MODERATE
- HEAVY

COSMETIC

- | PORCELAIN VENEERS | PORCELAIN CROWNS | INLAY-ONLAY |
|---|--|--------------------------------------|
| <input type="checkbox"/> CERAMCO LAMINATE | <input type="checkbox"/> PROCERA | <input type="checkbox"/> COMPOSITE |
| <input type="checkbox"/> d.SIGN LAMINATE | <input type="checkbox"/> ZIRCONIA OXIDE | <input type="checkbox"/> IPS EMPRESS |
| <input type="checkbox"/> SYNSPAR LAMINATE | <input type="checkbox"/> ALL PORCELAIN CROWN | <input type="checkbox"/> IPS e.max |
| <input type="checkbox"/> IPS EMPRESS | <input type="checkbox"/> IPS e.max | |

CROWN & BRIDGE

- CERAMO METAL** 52% (HIGH-NOBLE) CAPTEK 88% GOLD
- 87% (HIGH-NOBLE)
- NON-CERAMIC** TYPE I & II (HIGH-NOBLE) for INLAY/ONLAY
- TYPE III & IV (HIGH-NOBLE) for CROWNS
- CASTING DESIGN** SINGLE BRIDGE GOLD INLAY/ONLAY
- COPING METAL OCCLUSAL FULL METAL CROWN
- MARGIN DESIGN** METAL HAIRLINE 1 mm PORCELAIN BUTT JOINT
- NO METAL TO SHOW BUCCAL NO METAL TO SHOW LINGUAL
- CONNECTIONS** SOLDER
- PONTIC DESIGN**
- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| | | | |
| <input type="checkbox"/> SANITARY | <input type="checkbox"/> FULL RIDGE | <input type="checkbox"/> MODIFIED | <input type="checkbox"/> BULLET |

SHADE OF PREPARED TEETH _____

SHADE DESIRED _____

Rx

PAYMENT IS DUE UPON RECEIPT OF STATEMENT. ANY PAYMENT OR PORTION THEREOF NOT RECEIVED WITHIN 30 DAYS OF STATEMENT IS SUBJECT TO A 1.5% PER MONTH SERVICE CHARGE ON OUTSTANDING UNPAID BALANCE UNTIL PAYMENT IS RECEIVED IN FULL. YOUR SIGNATURE IS ACCEPTANCE OF THESE TERMS. **EACH PRESCRIPTION MUST BE COMPLETED & SIGNED**

DR. SIGNATURE _____ LIC. NO. _____ PLEASE SEND MORE RX'S PLEASE SEND MORE BAGS