

DOCTOR INFO

DR. NAME: _____

GROUP / PRACTICE NAME: _____

Phone: _____ Email: _____

PATIENT INFO

First name: _____ Female Age: _____

Last name: _____ Male

Due date: _____ Date sent: _____

CROWN & BRIDGE

ALL CERAMICS

- Full Zirconia
- High Translucent Zirconia
- Layered Zirconia
- Full e.Max
- Veneers

PORCELAIN TO METAL

- High Noble/Precious (Yellow)
- High Noble/Precious (White)
- Noble/Semi-Precious
- Base/Non-Precious

FULL CAST

- High Noble/Precious (Yellow)
- Noble/Semi (Yellow Tint)
- Base/Non-Precious

IMPLANTS

Implant System _____

Implant Diameter _____

- Custom Titanium Abutment
- Screw Retained SRC
- Cementable

DENTURE/PARTIAL

- TRY-IN
- FINISH
- IMMEDIATE
- UPPER
- LOWER

TYPE OF TEETH

- Economy
- Standard
- Premium

OTHER/ SPECIFY BRAND _____

TYPE OF PARTIAL

- Cast Metal Framework
- Flexible
- Acrylic

TYPE OF CLASP FOR ACRYLIC _____

CHECK ALL THAT APPLY

- Design
- Set teeth
- Bite Block
- Frame
- Others

APPLIANCES

- UPPER
- LOWER

- Soft Nightguard
- Hard Nightguard
- Hard/Soft Nightguard
- Essix Retainer
- Hawley Retainer
- Space Maintainer

SPECIAL INSTRUCTIONS

- Separate Crown
- Bridge - Bite Reqd
- Tooth Number (s)

FINAL SHADE	STUMP SHADE <i>must for all ceramic</i>
 _____	_____




ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR

OTHERS _____

Call me

OCCLUSAL CONTACT

		
No	Light	Heavy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PONTIC DESIGN

			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST SUPPLIES

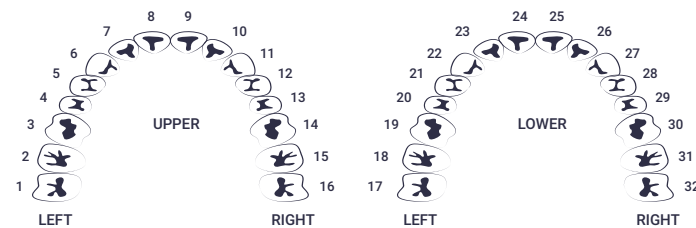
- _____ RX
- _____ BOX
- _____ LABEL

OTHERS _____

IF NO OCCLUSAL CLEARANCE:

- Call Doctor
- Adjust Opposing
- Adjust Prep
- Metal Stop/Occlusion

DENTURE/PARTIAL DESIGN



DR. SIGNATURE _____ DR. LICENSE # _____