

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 Req'd
- ☐ Tooth Number (s)

FINAL SHADE



STUMP SHADE

*must for all ceramic*

Note

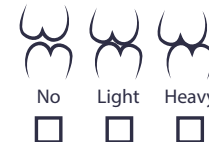
ENCLOSED  
WITH CASE

- \_\_\_\_\_ MODEL
- \_\_\_\_\_ SHADE TAB
- \_\_\_\_\_ BITE
- \_\_\_\_\_ IMPRESSION
- \_\_\_\_\_ PHOTO
- \_\_\_\_\_ TEETH
- \_\_\_\_\_ ARTICULATOR

OTHERS \_\_\_\_\_

☐ Call me

OCCCLUSAL CONTACT



PONTIC DESIGN



REQUEST SUPPLIES

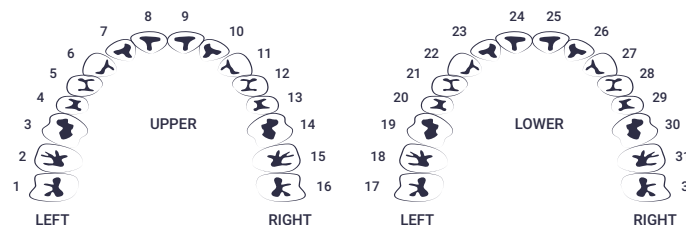
- \_\_\_\_\_ RX
- \_\_\_\_\_ BOX
- \_\_\_\_\_ LABEL

OTHERS \_\_\_\_\_

IF NO OCCLUSAL CLEARANCE:

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

DENTURE/PARTIAL DESIGN



DR. SIGNATURE \_\_\_\_\_ DR. LICENSE # \_\_\_\_\_

