



**Esthetic Professionals**

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**Anterior Restoration**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Date Sent \_\_\_\_\_ Date Due \_\_\_\_\_

**Composite Choices**

- Belleglass\*     Sculpture     Sinfony     Other \_\_\_\_\_

**Fiber Choices**

- Fibrekor\*     Connect     Other \_\_\_\_\_

**Ceramic Choices**

- |   |   |                                      |
|---|---|--------------------------------------|
| <b>Conventional low fusing ceramic:</b>                                 | <b>Pressed ceramic:</b>                                       | <b>Core ceramic:</b>                 |
| <input type="checkbox"/> Omega 900* <input type="checkbox"/> Finesse    | <input type="checkbox"/> Finesse* <input type="checkbox"/> 3G | <input type="checkbox"/> Alumina     |
| <input type="checkbox"/> HeraCeram <input type="checkbox"/> Other _____ | (High Strength)   | <input type="checkbox"/> Zirconium   |
|   |   | <input type="checkbox"/> Other _____ |

**Metal Choices**

- High Noble\*     Bio 2000 (99.9% gold)     Captek     Other \_\_\_\_\_  
 Non-Precious (Rex V) - Used with all composite/metal restorations     Benchmark C (87.25% Gold)

**Tooth Number(s):**

**Restoration Description:**

**Special Instructions:**

**Porcelain Metal Design (All PFM Restorations)**

- |                              |  |   |  |
|------------------------------|--|---|--|
| Lingual (Occlusal):          | <input type="checkbox"/> Metal         | <input type="checkbox"/> Porcelain*     | <input type="checkbox"/> Combo (specify) |
| Porcelain Margins:           | <input type="checkbox"/> Facial (180°) | <input type="checkbox"/> Lingual (360°) |  |
| Metal Collar Margin:         | <input type="checkbox"/> Facial        | <input type="checkbox"/> Lingual*       |  |
| Porcelain Over Metal Margin: | <input type="checkbox"/> Facial*       | <input type="checkbox"/> Lingual        |  |
| Pontic:                      | <input type="checkbox"/> Ovate         | <input type="checkbox"/> Ridge Lap*     |  |

**Contact Choices (All Restorations)**

- |                    |                                |                                  |                                |
|--------------------|--------------------------------|----------------------------------|--------------------------------|
| Occlusal Contacts: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium* | <input type="checkbox"/> Light |
| Proximal Contacts: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium* | <input type="checkbox"/> Light |

**Esthetic Goals (All Restorations)**

- Change Color     Correct Alignment     Close Spaces     Increase Length  
 Widen Buccal Corridor     Close Gingival Embrasure

**Required Items: (For All Anterior Cases)**

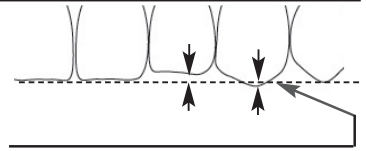
- Stick Bite     Interocclusal registration     Pre-op Study Model  
 Diagnostic wax-up     Provisional Model     Photo (smiling, preparations, provisionals)

Note: All Anterior Restoration(s) matching natural teeth must include photo with shade tab.

Signature \_\_\_\_\_ Lic# \_\_\_\_\_

**Size & Form (Fill All Blanks)**

Total length of central: \_\_\_\_\_ mm  
 Lateral's incisal edge:  
 Shorter \_\_\_\_\_ mm or  Same length as Central  
 Canine's incisal edge:  
 Longer \_\_\_\_\_ mm or  Same length as Bicuspid  
 Form Desired (refer to style # or mould guide) \_\_\_\_\_



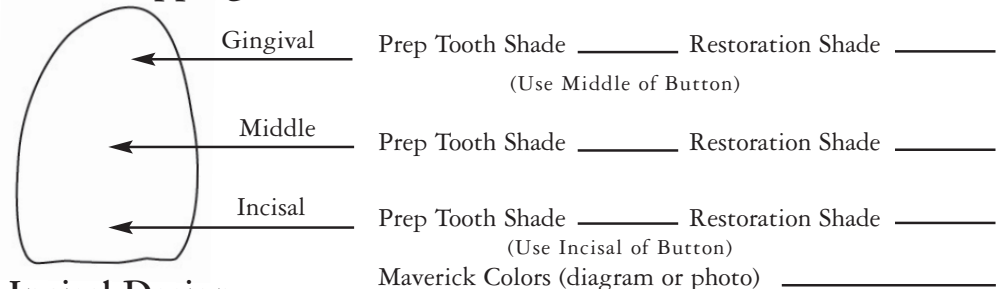
**Surface Texture (select one)**

- Match teeth     Smooth (*DeVelopmental Grooves only*)\*     Anatomic (*DVG + perikymata*)

**Opacity (select one)**

- Maximum     Medium     Minimum (*translucent*)     Contact Lens Effect (*margin only*)

**Color Mapping**



**Incisal Design**

- Distinct (Dentin Lobes Visible) or  Blended (Indistinct Like Button)\*

- Incisal Halo     Ladder# \_\_\_\_\_ :: PLEASE FILL OUT RX CLEARLY & COMPLETELY ::

\*Used unless otherwise specified