

\*Used unless otherwise specified

Date Sent to Laboratory \_\_\_\_\_ Doctor Due Date \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PREMIER TIER**

**CLASSIC TIER \***

**ESSENTIALS TIER**

**(3) ESTHETIC DESIGN**

Desired Shade: ① \_\_\_\_\_ ② \_\_\_\_\_ ③ \_\_\_\_\_

Prep Shade: ① \_\_\_\_\_ ② \_\_\_\_\_ ③ \_\_\_\_\_

Incisal Translucency ④:  Like Button\*

Distinct Lobes  Ladder # \_\_\_\_\_

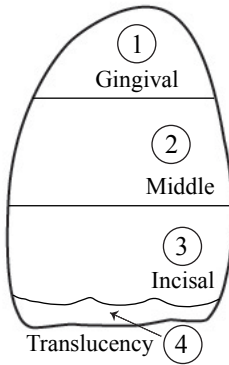
Surface texture:  Smooth\*  Anatomical

Length of Centrals: \_\_\_\_\_ mm

Laterals: \_\_\_\_\_ mm Shorter Than Centrals

Form (refer to guide #) \_\_\_\_\_

Occlusal Stain  None  Light\*  Medium  Heavy



**(4) ESTHETIC GOALS**

Close Spaces  Close Gingival Embrasures  Change Color

Widen Buccal Corridor  Align Teeth  Other \_\_\_\_\_

Increase Length

**DESIGN**

**Occlusion:**  Metal  Porcelain\*

**Margins:**  180° Porcelain  360° Porcelain

Porcelain Over Metal:  Facial\*  Lingual

Metal Collar:  Facial  Lingual\*

**Pontic:**  Ovate  Ridge lap\*  Relieve Tissue

**CONTACT CHOICES**

**Occlusal Contacts:**

Heavy  Medium\*  Light

**Proximal Contacts:**

Heavy  Medium\*  Light

**Ceramic (2a) MATERIAL (S)**

Conventional (layered)

e-max  Stained  Layered \*

Zirconium (ZR)  Stained  Layered \*

ZR Multi-layer  Stained \*

Other \_\_\_\_\_

**Metal/PFM** Noble:  Standard (Au Pd)\*  Budget (Pb)

Non-Noble:  CoCr (Milled)  NiCr (Cast)

**All Metal**  High Gold\*  Non-Noble  Other

**Composite**  Sculpture Plus\*  Premise

**(2b) IMPLANTS**

Type \_\_\_\_\_ Size \_\_\_\_\_

Screw Retained  Cemented

Abutment:  Cast  Milled Titanium  Zirconium  PFM

Screw Retained Porcelain Fused to:  Titanium (Crowns)  AuPd (Crown/FPD)

Implant Parts:  Doctor Will Supply  Lab Please Acquire



ALL RESTORATIONS  
MADE IN THE USA



**(1) RESTORATIVE CHOICES**

Crown Tooth #(s) \_\_\_\_\_

Veneer Tooth #(s) \_\_\_\_\_

Abutment Tooth #(s) \_\_\_\_\_

Pontic Tooth #(s) \_\_\_\_\_

Inlay/Onlay Tooth #(s) \_\_\_\_\_

Diagnostic Wax-up \_\_\_\_\_

Implant Tooth #(s) \_\_\_\_\_

Surgical Guide Tooth #(s) \_\_\_\_\_

**(5a) REQUIRED ITEMS CHECKLIST (Anterior Cases)**

Stick bite/Face-bow  Interocclusal Registration  Pre-op Models

Diagnostic Wax-up  Provisional model + Registration

Photos:  Preparation  Provisionals  Close-up  Full Face

**(5b) REQUIRED ITEMS CHECKLIST (Surgical Guides)**

CBCT saved as a DICOM file (Required)

Intra-Oral Scan

Model

PVS impression

(One Required)

By Signing below, I agree to the terms and conditions listed on the reverse of this document.

Doctor's Signature/ License #: \_\_\_\_\_

Have Technical Support Call