

**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 _____

CLASSIC TIER * PREMIER TIER

(Fill Out #'s 1-8 Below as it Applies)

*Version 921

(4) ESTHETIC DESIGN

Desired Shade: ① _____ ② _____ ③ _____

Prep Shade: ① _____ ② _____ ③ _____

Incisal Translucency ④: Like Button*

Distinct Lobes Ladder # _____

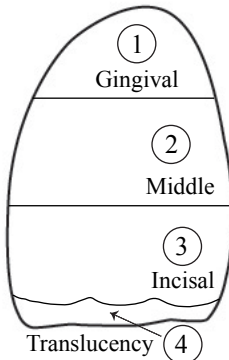
Surface texture: Smooth* Anatomical

Length of Centrals: _____ mm

Laterals: _____ mm Shorter Than Centrals

Form (refer to guide #) _____

Occlusal Stain None Light* Medium Heavy



(5) ESTHETIC GOALS

Close Spaces Close Gingival Embrasures Change Color

Widen Buccal Corridor Align Teeth Other _____

Increase Length

(6) PFM DESIGN

Occlusion: Metal Porcelain*

Margins: 180° Porcelain 360° Porcelain

Porcelain Over Metal: Facial* Lingual

Metal Collar: Facial Lingual*

(8) PONTIC Ovate Ridge lap* Relieve Tissue

(7) CONTACT CHOICES

Occlusal Contacts:

Heavy Medium* Light

Proximal Contacts:

Heavy Medium* Light

Ceramic (2) MATERIAL (S)

Conventional (layered)

e-max Monolithic Layered *

Zirconia (ZR) Monolithic Layered

Other _____

Esthetic



Strength



ALL RESTORATIONS
MADE IN THE USA



(1) RESTORATIVE CHOICES

Diagnostic Wax-up #(s) _____

Milled PMMA Temp #(s) _____

Inlay/Onlay #(s) _____

Veneer #(s) _____

Crown #(s) _____

Pontic #(s) _____

Implant Tooth #(s) _____

Other _____

Metal/PPM Noble Non-Noble

All Metal High Gold* Non-Noble

Composite Milled Hybrid Composites only

(3) IMPLANTS

Type _____ Size _____

Restoration: Cemented (Crown + Abutment)

Screw Retained One Piece Two Piece (Abutment/Crown Separate)

Screw Retained Porcelain Fused to Ti (One Piece Crown/Abutment)

Custom Abutments: Titanium Esthetic Options

Porcelain Fused to Titanium Zirconium

(9) 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

(10) SPECIAL INSTRUCTIONS

(For Information Not Covered Above)

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