

DATE SENT _____ DUE DATE _____ APPT. TIME _____

SHADE
VITA-LUMIN _____ VITA-3D _____
CHROMOSCOPI _____ BIOFORM _____
OTHER _____ IVOCLAR _____

PATIENTS NAME _____ SEX: MALE FEMALE
AGE _____

Please see shade characterization on reverse.

SPECIAL INSTRUCTIONS

Please see additional instructions and fabrication preferences on reverse.

CASE TYPE:
 DIE TRIM
 METAL TRY-IN
 EVALUATION
 BISCUIT
 REPAIR
 REMAKE
 FINISH

ENCLOSED #
 UPPER MOLD _____
 LOWER MOLD _____
 BITE RECORD _____
 OPPOSING _____
 STUDY MODEL _____
 PRE-OP MODEL _____
 PHOTOS _____
 ARTICULATOR _____
 SHADE TAB _____
 PARTIAL _____
 IMPLANT PARTS _____

EXTRAS:
 CAST POST/SEPERATE
 CAST POST/IN CROWN
 HADER BAR
 ERA ATTACHMENTS
 SLIDE LOCK
 ROOT CAP
 CUSTOM ABUTMENT
 CROWN UNDER PARTIAL
 CROWN UNDER PARTIAL WITHOUT PARTIAL
 MARYLAND BRIDGE
 OPEN FACE CROWN
 SOFT TISSUE MODEL
 DIAGNOSTIC WAX-UP
 EPOXY MODEL
 PORCELAIN MARGIN
 TEMPORARY

TOOTH NUMBERS

TOOTH NUMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Please make one circle per single and a group circle for bridges.

METAL-FREE

MILLED INVISON YZ MILLED INCERAM SPINELL IPS E. MAX CAD CONCEPT HP
 MILLED INCERAM ZIRCONIA MILLED VITA TRILUXE IPS E. MAX PRESS IPS EMPRESS
 MILLED INCERAM ALUMINA IPS E. MAX ZIRPRESS MILLED IVOCLAR PROCAD IPS ERIS

PORCELAIN-TO-METAL

NON-PRECIOUS WHITE GOLD 65% BRITE GOLD
 SEMI-PRECIOUS CAPTEK AQUARIUS HARD

FULL CAST

YELLOW GOLD 50% YELLOW GOLD 75% SEMI-PRECIOUS WHITE CERAMIC

FIRST CONTACT

DATE _____

SPOKE TO _____

INITIAL _____

SECOND CONTACT

DATE _____

SPOKE TO _____

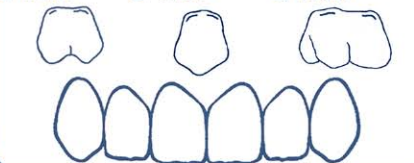
INITIAL _____

RE: _____

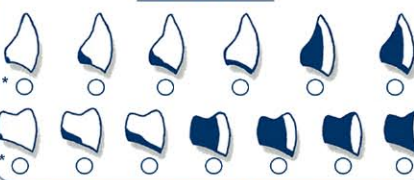
RE: _____

CHARACTERIZATION

TRANSLUCENCY	OCCUSAL STAIN	HYPOCALCIFICATION
<input type="radio"/> NONE <input type="radio"/> LIGHT <input type="radio"/> MEDIUM <input type="radio"/> HEAVY	<input type="radio"/> NONE <input type="radio"/> LIGHT <input type="radio"/> MEDIUM <input type="radio"/> HEAVY	<input type="radio"/> NONE <input type="radio"/> LIGHT <input type="radio"/> MEDIUM <input type="radio"/> HEAVY



METAL DESIGN



* This type has a small metal tab on the disto-lingual margin and is our standard crown if no type is specified.

FABRICATION PREFERENCES

OCCUSAL ANATOMY
 NO OCCUSAL ANATOMY
 SHALLOW OCCUSAL ANATOMY
 DEEP OCCUSAL ANATOMY*

INTERPROXIMAL CONTACTS
 BROAD AND TIGHT*
 POINT CONTACTS
 NO CONTACT ON DISTAL
 NO CONTACT ON MESIAL
 USE WORKING MODEL TO CHECK*
 USE SOLID MODEL TO CHECK

OCCUSAL CONTACT
 IN OCCLUSION*
 OUT OF OCCLUSION
 FOIL OPPOSING MODEL

DESIRED CONTOUR
 MAKE IDEAL
 FOLLOW STUDY MODEL
 MATCH EXISTING*


SURFACE ANATOMY
 SMOOTH
 TEXTURED
 MATCH EXISTING*

IF INSUFFICIENT ROOM
 PLEASE CALL
 REDUCE/MARK OPPOSING*
 MAKE REDUCTION COPING
 MAKE METAL LINGUAL/OCCUSION

PONTIC AREAS
 LIGHTLY RELIEVE PONTICS*
 DO NOT TOUCH PONTICS
 RELIEVE TISSUE HEAVILY

* Standard if not specified

PONTIC DESIGN



ADDITIONAL INSTRUCTIONS

PLEASE SEND ME THE FOLLOWING

PRESCRIPTIONS
 SAFETY BAGS
 SHIPPING BOXES
 USPS LABELS
 FED-EX AIRBILLS
 CURRENT FEE SCHEDULE

PRODUCT INFORMATION REGARDING

<input type="checkbox"/> INVISON YZ	<input type="checkbox"/> IVOCLAR PROCAD
<input type="checkbox"/> INCERAM ZIRCONIA	<input type="checkbox"/> IPS EMPRESS
<input type="checkbox"/> INCERAM ALUMINA	<input type="checkbox"/> IPS ERIS
<input type="checkbox"/> INCERAM SPINELL	<input type="checkbox"/> CONCEPT HP
<input type="checkbox"/> VITA TRILUXE	<input type="checkbox"/> CAPTEK
<input type="checkbox"/> IPS E. MAX ZIRPRESS	<input type="checkbox"/> IPS E. MAX PRESS
<input type="checkbox"/> IPS E. MAX CAD	

NOTE:
Please send a study model on all work involving anterior teeth. Please allow 10 days in-lab for all work over eight units. Unless otherwise specified, all bridgework will be constructed out of semi-precious metal.