

Patient Name: _____

Female Male Age _____

Tooth # _____ Due Date: ____/____/____ by 5pm

Notes: Shade _____

Please call about this case **Dr. to trim die:** Yes No

Dr. Signature: _____

License No: _____ Date: _____

ALL CERAMIC

- Verotek™ FCZ
- Verotek Aesthetic
- Verotek Layered
- PearlPress™ Monolithic
- PearlPress Layered
- PearlPress Veneer

PORCELAIN TO METAL

- Porcelain to Metal
- Alloy Selection:
 - High Noble Yellow
 - High Noble White
 - Frame Try-in
 - Noble
 - Non-precious

FULL-CAST CROWN

- Full-cast Crown
 - High Noble Yellow
 - Noble Yellow
 - Noble Low Gold
 - Noble White
 - Non-precious

PARTIAL DENTURE

- Cast Frame
 - Tray
 - Bite Block
 - Setup
 - Finish
- Spare Denture
 - Frame only
 - Frame BB
 - Frame - Setup
 - Frame to Finish

FLEXIBLE

- Return Setup
- Return Finished

NIGHTGUARDS

- Comfort H/S
- Crystal Clear®
- Athletic
- Thermo-Guard
- NTI-tss Plus™
- Other _____

Please Send:

- Scripts
- Boxes
- Mailers



Metal Design

SHADE INFORMATION

Overall Shade: _____
 After Prep Shade: _____

CONTOUR DESIRED

- Follow Study Model Match Existing Make Ideal

SURFACE MARKING



BITE CLASS

- I II III

REASON FOR COSMETIC RESTORATION

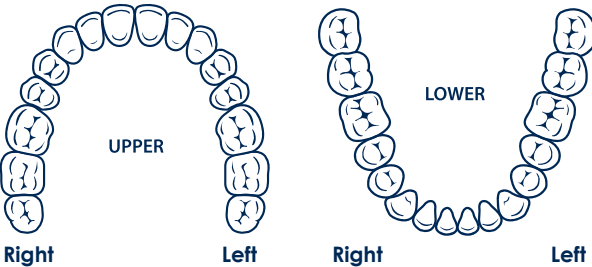
- Closing Diastema
- Misalignment
- Discolored Teeth
- Lengthening by _____

SURFACE CHARACTERISTICS

Enamel/Incisal Edge: 1/3 2/3 None

IMPLANTS

- Original-on-Original _____
 Fill in Implant Brand Name
- Compatibility
- Prosthetic Guide



DESIGN CASE HERE