

Patient Name: _____

Today's Date: ____/____/____ Female Male

NEXT APPOINTMENT: _____ AM
DATE _____ **DAY** _____ **TIME** _____ PM

SEND MORE

- Boxes
- Large (4.75x7.25x4)
- Medium (4x6x4)
- Labels
- RX's
- Other (List) _____

CROWN & BRIDGE

Ceramics:

- Verotek™ FCZ
- Verotek Aesthetic
- Verotek Layered
- Lithium Disilicate Layered
- Lithium Disilicate Monolithic
- Lava™ Plus Layered
- Lava Plus Monolithic

Full Cast:

- High Noble Gold
- Noble Gold
- Noble PD White
- Non-Precious

PFM:

- Non-Precious
- Noble Palladium
- High Noble White Gold
- High Noble Yellow Gold
- Porcelain Shoulder
- Precision Attach
- Survey Crown

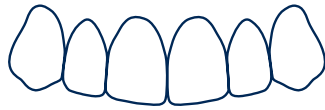
SHADE

Tooth Shade: _____ Stump Shade: _____

Basic Face Form:

- Square Square Tapering Tapering Ovoid

CHARACTERIZATION



IMPLANT

Brand: _____ Size: _____

- Prosthetic Guide

Abutment Type:

- Titanium Zirconia Custom
- Ti Gold Hue Screw-Retained Stock

Brand of Custom Abutment:

- Atlantis Nobel Straumann Zimmer
- Lava Argen Other

Subgingival Margin Depth:

Default 1mm Facial .75mm Ling/Mesial/Distal
 Other ____ Facial ____ Lingual ____ Mesial ____ Distal

Abutment Contour Size:

- Surgical Placement Tissue Blanching No Blanching

Contact:

- Mesial Distal

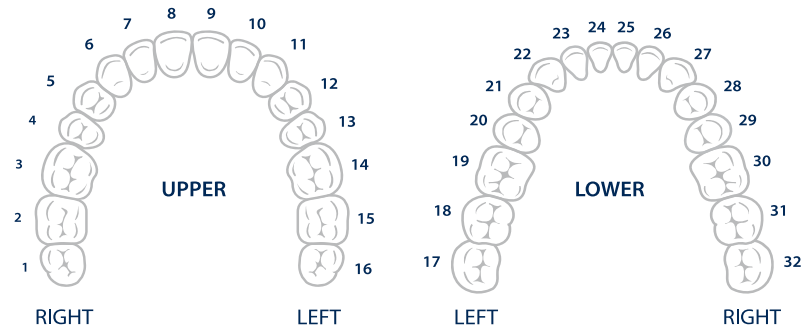
No Contact:

- Mesial Distal

Notes:

- Please Call About This Case
- Dr. Die Trim
- Bisque-Bake Try-In
- Metal Substructure Try-In

DESIGN CASE:



Dr.'s Signature: _____

License #: _____

PONTIC DESIGN (Please Check):



METAL DESIGN (Please Check):

