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Dr. Name _____ Dr. Phone # _____

Dr. Account # _____ Patient _____ / _____
 (Last) (First)

Date Sent _____ Deliver by 5 p.m. on _____

R

SHADE INSTRUCTIONS

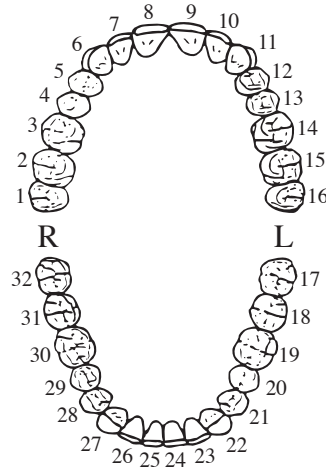
SHADE # _____



OCCLUSAL STAINING

NONE LIGHT* MEDIUM DARK

*STANDARD UNLESS SPECIFIED OTHERWISE



ENCLOSED WITH CASE

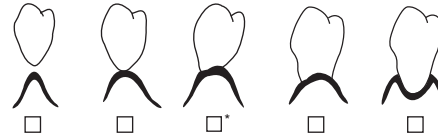
IMPRESSIONS MODELS

BITE OTHER _____

CASE # _____

PAN # _____

PONTIC DESIGN



*STANDARD UNLESS SPECIFIED OTHERWISE

- METAL COPING WITH PORCELAIN COVERAGE*
- COPING WITH FULL PORCELAIN COVERAGE
- METAL OCCLUSAL EXCLUDING BUCCAL CUSP
- METAL OCCLUSAL INCLUDING BUCCAL CUSP

*STANDARD UNLESS SPECIFIED OTHERWISE

ANTERIOR DESIGN



3/4 METAL LINGUAL 1/4 METAL LINGUAL

BUCCAL MARGIN DESIGN

- METAL MARGIN
- HAIRLINE OR _____ MM
- METAL-PORCELAIN JUNCTION MARGIN*
- PORCELAIN BUTT MARGIN (90° SHOULDER REQ.)

*STANDARD UNLESS SPECIFIED OTHERWISE

IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSION
- REDUCTION COPING
- SPOT OPPOSING
- MAKE THIS A PERMANENT NOTE IN MY MASTER FILE

EZ TEMPS

- OPPOSING MODEL & BITE ENCLOSED
 - NO OPPOSING ENCL. - DR. WILL ADJUST
- SHADE _____ TOTAL UNITS _____
 ABUTMENT TOOTH #s _____
 PONTIC TOOTH #(s) _____
 SPLINTED INDIVIDUAL UNITS

REINFORCEMENT

- NONE CAST METAL FRAME FIBER

AMOUNT OF REDUCTION

1 MM 2 MM

LABORATORY USE ONLY

IMPRESSIONS

- UPPER
- LOWER
- TRIPLE TRAY
- BITE (#)

STUDY MODELS

- UPPER
- LOWER

OLD MODELS

- UPPER
- LOWER

TRY-INS

- FRAME
- BISQUE

MISCELLANEOUS

- PHOTOS
- SHADE TABS
- PARTIALS
- OLD CROWN(S)

SIGNATURE _____ D.D.S. LICENSE # _____

PLEASE SEND A STUDY MODEL IF ANTERIOR TEETH ARE INVOLVED

- PORC. FUSED TO NON-PRECIOUS
- PORC. FUSED TO SEMI-PRECIOUS
- PORC. FUSED TO WHITE GOLD
- PORC. FUSED TO YELLOW GOLD
- BIO 2000
- CONCEPT INLAY/ONLAY
- PORC. LAMINATE VENEER
- IN-CERAM