AURUM/CLASSIC ADVANCED COSMETIC PRESCRIPTION

TOLL FREE: 1-800-661-1169

Customer Information

Doctor _____ Rx Date _____

Address _____

Phone _____ Cell _____

email _____

Patient name _____ __ Age ____ Sex M__ F__

Due Date _____ Time _____

CASE DESIGN

Teeth 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

Articulator Preference:

- ❑ Acculiner
- ❑ LVI Stratos
- ❑ Other _____

RESTORATIVE MATERIAL

- ❑ Pressed Ceramic (Empress)
- ❑ Contessa (Zirconia substructure)
- ❑ Removable Orthotic
- ❑ Fixed Orthotic
- ❑ Composite
- ❑ Other: _____
- ❑ Provide reduction copings if necessary to improve aesthetics
- ❑ Reduce opposing
- ❑ Call to discuss
- ❑ Managing the Bite Checklist enclosed

SMILE DESIGN _____

PONTIC DESIGN

1.HARMONY	2.CONE	3.HYGENIC	4. RIDGELAP	5. DVATE PONTIC
❑	❑	❑	❑	❑ ____mm

VERTICAL INDEX: CEJ TO CEJ

Anterior # ___ to # ___ = _____

Left Posterior # ___ to # ___ = _____

Right Posterior # ___ to # ___ = _____

Desired Central Length # ___ = _____

IMPLANT REFERENCE

Implant Size _____

Implant Brand and/or Type _____

Abutment _____

Custom Ceramic Standard Milled

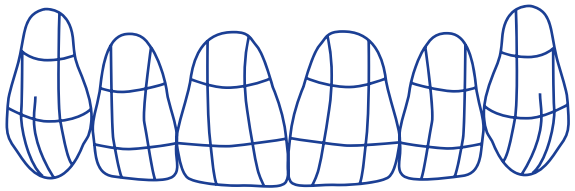
Other:

Incisal Translucency ❑ Light ❑ Medium ❑ Heavy ❑ Incisal halo

Surface Anatomy ❑ Smooth ❑ Medium ❑ Heavy ❑ Blend to Dentin Shade

Incisal Edge ❑ Flat ❑ Characteristics ❑ Mammalon Developments

CUSTOM STAINING



QUICK CHECK Have you included:

- ❑ Photos? Retracted, Full Face, W/Shade Tab
- ❑ Stick Bite/Symmetry Bite?
- ❑ Diagnostic Wax-up?
- ❑ Bite Registration?
- ❑ Shade Selection?

Models?

- ❑ Pre-Op ❑ Opposing ❑ Temps ❑
- ❑ Photo with Symmetry Bite
- ❑ Dentin Shade _____
- ❑ Desired Finished Length of Centrals_____ mm

Shade:

Incisal _____

Body _____

Cervical _____

Dentin Shade _____

Occlusal Stain:

- ❑ Yellow
- ❑ Brown
- ❑ Ochre
- ❑ None

FOR LAB USE ONLY

Office _____
Model _____
C&B _____
Implant _____
Opaque _____
Buildup _____
Grindin _____
Empress _____
AC Emp _____
Glaze _____
Waxup _____
Compos _____
Polish _____
CKG _____
CKC&B
CKPorc _____
CKEmp _____
CKPress _____
CkAC _____
CKWax _____
CKComp _____
Photos Em _____

ADDITIONAL INSTRUCTIONS:

_____

_____

_____

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_____

DOCTOR'S SIGNATURE

DENTIST LICENSE #

White Copy - LAB Yellow Copy - DENTIST 96.686 (REV 04/07)