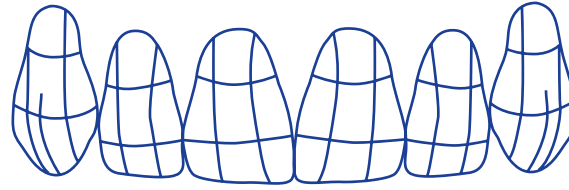




AURUM CERAMIC/CLASSIC ADVANCED COSMETIC PRESCRIPTION

CAC

CUSTOM STAINING



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 _____

Customer Information

Doctor _____ Rx Date _____

Address _____

Phone _____ Cell _____

email _____

Patient name _____ Age ____ Sex M ___ F ___

Due Date _____ Time _____

CASE DESIGN

Teeth Numbers	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____mm

IMPLANT REFERENCE

Implant Size _____

Implant Brand and/or Type _____

Abutment _____

Custom Ceramic Standard Milled

Other: _____

VERTICAL INDEX: CEJ TO CEJ

Anterior # ____ to # ____ = _____

Left Posterior # ____ to # ____ = _____

Right Posterior # ____ to # ____ = _____

Desired Central Length # ____ = _____

- Incisal Translucency Light Medium Heavy Incisal halo
- Surface Anatomy Smooth Medium Heavy Blend to Dentin Shade
- Incisal Edge Flat Characteristics Mammalon Developments

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

ADDITIONAL INSTRUCTIONS:

DOCTOR'S SIGNATURE _____

DENTIST LICENSE # _____

AURUM CERAMIC/CLASSIC DENTAL LABORATORIES

CALGARY	(430) 228-5120	TOLL FREE 1-800-661-1169
EDMONTON	(780) 423-1904	TOLL FREE 1-800-661-2745
SASKATOON	(306) 665-8815	TOLL FREE 1-800-665-8815
VANCOUVER	(604) 737-2010	TOLL FREE 1-800-663-1721
VICTORIA	(250) 595-2314	TOLL FREE 1-800-663-6364
KELOWNA	(250) 762-3022	TOLL FREE 1-800-667-4146
VERNON	(250) 542-5164	TOLL FREE 1-800-663-5413
OTTAWA	(613) 736-1946	TOLL FREE 1-800-267-7040
TORONTO	(416) 410-1330	TOLL FREE 1-800-268-4294

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