THE AURUM GROUP®

Toll Free 1-866-253-5313
Charlottetown (902) 566-5313
E-Mail aurumpei@aurumgroup.com

24 Garfield Street, Suite A, Charlottetown, PEI C1A 6A5

Customer Information

Doctor _____ Rx Date _____

Address _____

Phone _____ Cell _____

Email _____

Patient Name _____ Age ____ Sex M ◉ F ○

Due Date _____ Time _____

Restoration Type _____

Digital File Number _____

Tooth #'s to be Restored _____

Please Use This Chart To Select Design

A.	Metal	Gold ☐	Semi-Prec. (Noble) ☐	Non-Prec. ☐
B.	Buccal Margin	Porcelain To Metal ☐	Porcelain Butt ☐	Metal On Buccal
C.	Centric Contact	Foil Relief ☐	Positive Contact ☐	Cusp Fossa ☐
D.	Lateral Excursion	Cuspid Guidance ☐	Group Function ☐	

E. Pontic Design — 1. Harmony ☐ 2. Cone ☐ 3. Hygenic ☐ 4. Ridgelap ☐ 5. Ovate Pontic ☐ ___mm

F. Contacts (Embrassures) — 1. Broad ☐ 2. Normal ☐ 3. Point ☐

☐ Shade _____ ☐ High Value ☐ Low Value

☐ Dentin Shade _____

☐ Desired Finished Length of Centrals _____mm

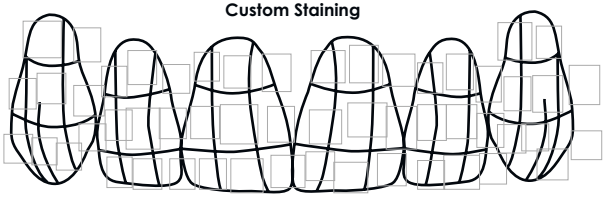
Surface Anatomy

☐ Smooth ☐ Medium ☐ Heavy

Incisal Translucency

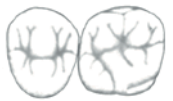
☐ Heavy ☐ Medium ☐ Light ☐ None

Custom Staining



Occl. Stain

☐ None
☐ Light
☐ Medium
☐ Heavy



Occl. Stain

Chart _____

Characterization

☐ Hyperplasia
☐ Stains
☐ Cracks

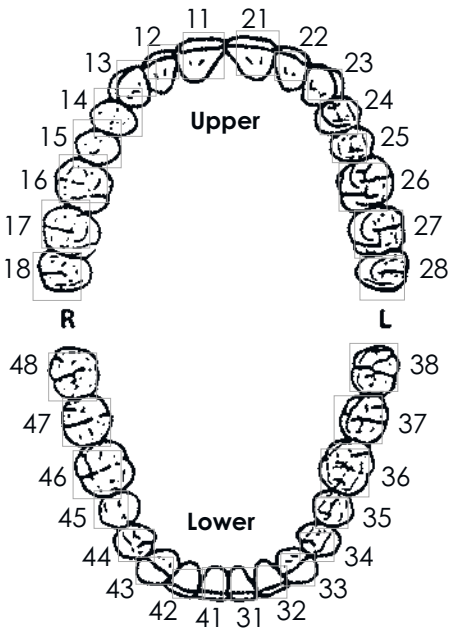
Removables

☐ Denture
☐ Partial
___Vitallium
___Naturalflex
___Valplast
☐ Flipper
☐ Duplicate Denture
☐ Custom Tray

Shade: _____

☐ Bite
☐ Try in
☐ Finish

Vertical Index Measurements		
Post Right (mm)	Anterior (mm)	Post Left (mm)



Case Design

☐ Diagnostic Wax up
☐ Acces System
☐ DSD Motivational Mock-up
☐ DSD Ideal

Smile Design

☐ Enhanced
☐ Softened
☐ Natural

Smile Catalogue Choice _____

Orthotics

☐ Natural Fit (NM)
☐ Extended Warranty
☐ Removable (NM)
☐ Fixed (NM)
☐ Nightguard

Quick Check Have you included:

☐ DSD Photos ☐ Patient Photos
☐ Shadewave
☐ Stick Bite ☐ Symmetry Bite
☐ Diagnostic wax up mounting plate
☐ Bite Registration ☐ Models
☐ Pre-op ☐ Opposing ☐ Temps

☐ **Call me**

☐ **Comprehensive Esthetics (cutback)**
☐ **Comprehensive Esthetics (monolithic)**
☐ **Stained (monolithic)**
☐ **DSD Naturals**

Implant Reference

Implant Size _____
Implant Brand and/or Type _____
Abutment _____
Cemented ☐ Screw Retained ☐
Custom Ceramic Standard Milled _____
Other _____

Additional Instructions:

Doctor's Signature _____ Dentist Licence # _____

White Copy - LAB Yellow Copy - DENTIST