



1710 B - 31 St. North, Lethbridge, AB. T1H 5H1

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. Ridgelpap 5. Ovate Pontic _____mm

F. Contacts (Embossures)
 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



Occl. Stain
 None
 Light
 Medium
 Heavy

Occl. Stain Chart _____

Characterization
 Hyperplasia
 Stains
 Cracks

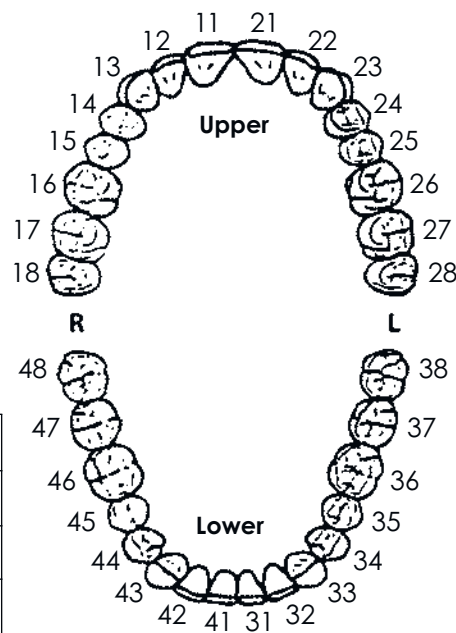


Removables

- Denture
- Partial
 ___ Vitallium
 ___ Naturalflex
 ___ Valplast
- Flipper
- Duplicate Denture
- Custom Tray

Shade: _____
 Bite
 Tryin
 Finish

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



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)

Stained (monolithic)

Comprehensive Esthetics (monolithic)

DSD Naturals

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

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 # _____