

336 - 6th Avenue North, Saskatoon, SK, S7K 2S5

Customer Information

Doctor _____ Rx Date _____

Address _____

Phone _____ Cell _____

Email _____

Patient Name _____ Age _____ Sex M F

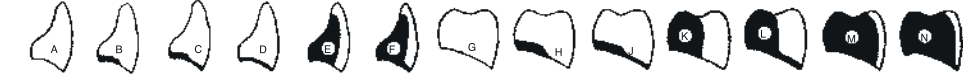
Due Date _____ Time _____

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 (Embrasures)
 - 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)

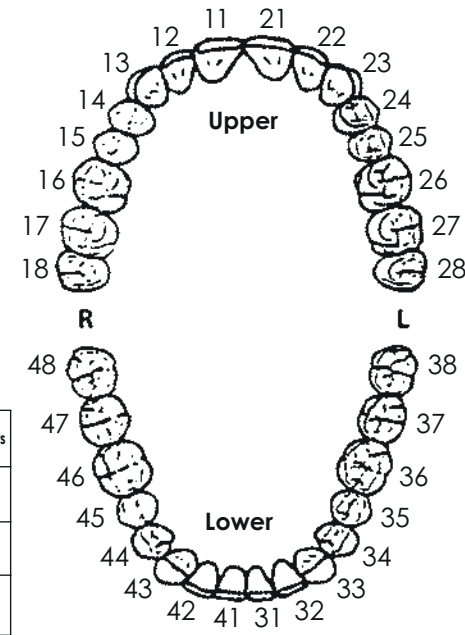
Comprehensive Esthetics (monolithic)

DSD Naturals

Additional Instructions:

Doctor's Signature _____

Dentist Licence # _____



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