

1320 N. Howard, Spokane, WA 99201-2412

SP

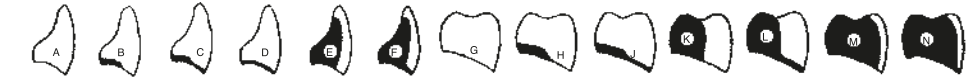
**Customer Information**

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

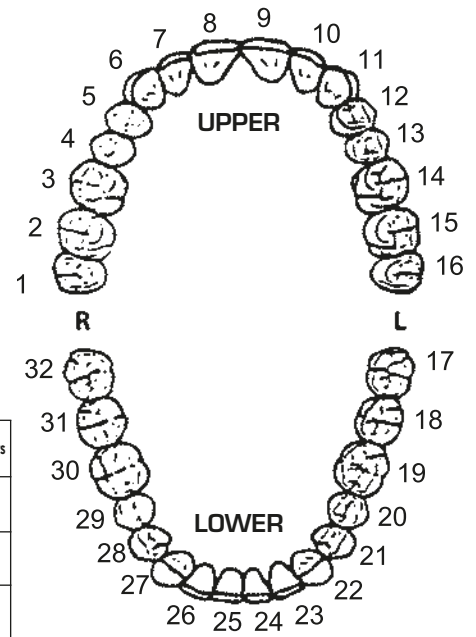
**Removables**

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)



**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

**Implant Reference**

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

Call me

Comprehensive Esthetics (cutback)

Stained (monolithic)

Comprehensive Esthetics (monolithic)

DSD Naturals

SP

**Additional Instructions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Doctor's Signature

Dentist Licence #