

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 Ti

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 (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)

Have you included your checklists?:

- Advanced Cosmetic Pad
- Diagnostic WaxUp Pad
- Bite Treatment
- Full Mouth Pad
- Comprehensive Pad
- Implant Pad

Call me

- Comprehensive Esthetics (cutback)
- Comprehensive Esthetics (monolithic)

Implant Reference

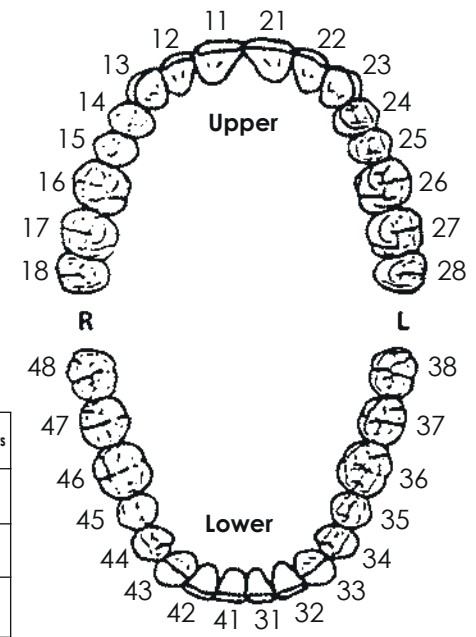
Implant Size _____
 Implant Brand and/or Type _____
 Abutment _____
 Cemented Screw Retained
 Custom Ceramic Standard Milled _____
 Other _____

Additional Instructions:

Doctor's Signature

Dentist Licence #

- Case Design**
- Smile Trial
 - Diagnostic Wax up
 - Acces System
- Smile Catalogue Choice**
- _____
- Orthotics**
- Natural Fit (NM)
 - Removable (NM)
 - Fixed (NM)
 - Nightguard



CG