

HUB DENTAL LABORATORY  
 (A member of the Aurum Group of Companies)  
 380 St. George Street, Moncton, NB E1C 1X2 NY 13669

**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 (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)

**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**

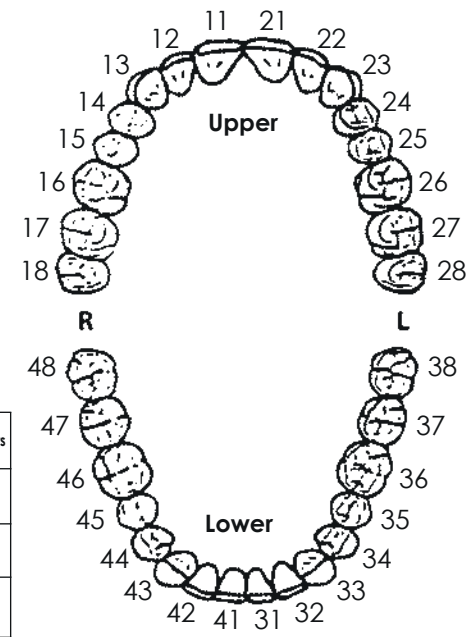
- Smile Trial
- Diagnostic Wax up
- Acces System

**Smile Catalogue Choice**

\_\_\_\_\_

**Orthotics**

- Natural Fit (NM)
- Removable (NM)
- Fixed (NM)
- Nightguard



CG