

120 -1401 Hillshire, Las Vegas, NV, USA 89134

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 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



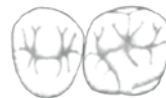
Occl. Stain

- 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 _____

Stained (monolithic)

Aurum NaturalLook Restoration

Additional Instructions:

Doctor's Signature

Dentist Licence #