

Unit 201, 3002 - 32nd Avenue, Vernon, BC, Canada

**VIT 217 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

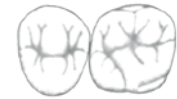
- Incisal Translucency**
- Heavy  Medium  Light  None



- 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Doctor's Signature

Dentist Licence #

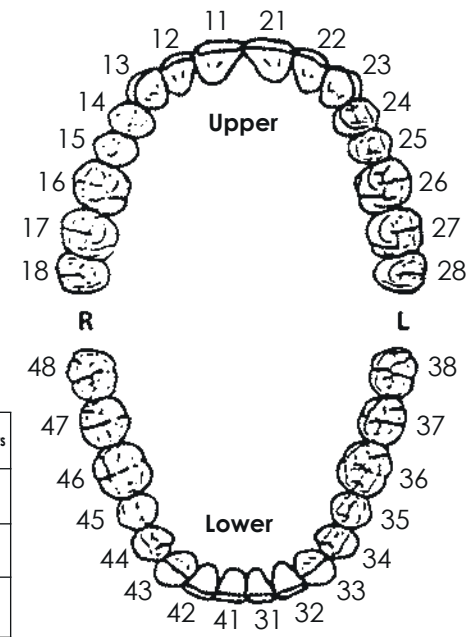
**Case Design**

- Smile Trial
- Diagnostic Wax up
- Acces System

**Smile Catalogue Choice**

**Orthotics**

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



**CG**