

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) ZIRCONIA OPALITE® BASIC AURUM ESTHETIC ZR MULTI®

B) METAL GOLD SEMI-PREC. (NOBLE) NON-PREC.

C) OCCLUSION METAL PORCELAIN

D) CENTRIC CONTACT FOIL RELIEF POSITIVE CONTACT CUSP FOSSA

E) LATERAL EXCURSION CUSPID GUIDANCE GROUP FUNCTION

F) MARGIN ADAPTATION EXACTLY TO FINISH LINE SLIGHT OVEREXTENSION

G) LABIAL MARGIN FINE METAL COLLAR PORCELAIN TO MARGIN PORCELAIN BUTT MARGIN

H) PONTIC DESIGN

1. HARMONY	2. CONE	3. HYGENIC	4. RIDGELAP	5. Ovate Pontic
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I) CONTACTLESS (EMBRASSURES)

1. BROAD	2. NORMAL	3. POINT
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Shade _____ High Value Low Value

Dentin Shade _____

Desired Finished Length of Centrals _____

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
 - ___ Natural Flex
 - ___ Valpast
- Flipper
- Duplicate Denture
- Custom Tray

Shade: _____

- Bite
- Try in
- Finish

Vertical	Index	Measurements
Post Right (mm)	Anterior (mm)	Post Left (mm)

Have you included your checklists?

- General Dentistry Checklist
- Smile Design 10 unit or less Checklist
- Full Arch Checklist
- Full Mouth Checklist
- Diagnostic Waxup Checklist
- Restoring on Implants Checklist
- Managing the bitesheet

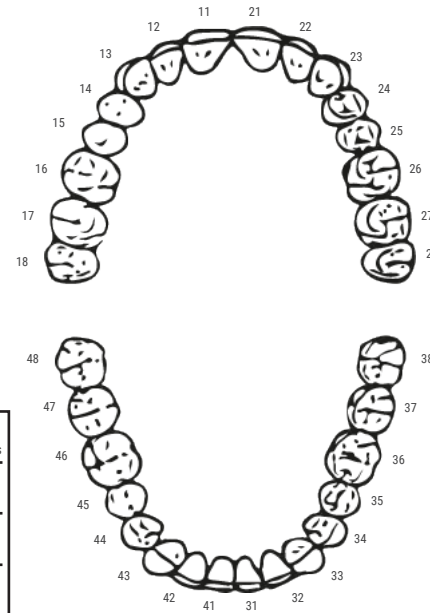
Call Me

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

Additional Instructions:

Doctor's Signature

Dentist License #



Case Design:

- Smile Trial
- Diagnostic wax-up
- ACCES™ System

Smile Catalogue Choice _____

Orthotics:

- Natural Fit (NM)
 - Shade _____
 - Clear
- Removable Anatomical(NM)
 - Regular
 - Lingual-Less
- Fixed (NM)

Implant Reference _____

Implant Size _____

Implant Brand and/or Type _____

Abutment _____

Cemented Screw Retained

Custom Ceramic Standard Milled _____

Other _____

Stained (monolithic)