

**PLEASE -Help us to help you by completing ALL sections of this form clearly  
IN CAPITALS PLEASE**

**Prep Date**  **Return Date**

**Surgeon Name / Practice**  Please note at least 1 day before patient appointment

**Patient Name**

**Desired Articulator**  **Sex:** M  F  **Age:**

Will opposing teeth be restored in the near future? Yes  No




18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

**Porcelain-Fused-To-Metal**  
 Crown  Bridge

**Metal Design**

- Collar (N.B. Standard is Collar**LESS**)
- Metal Band
- Lingual Band Only
- Porcelain Butt Margin
- Metal Lingual
- Metal Occlusal

**Pontic Design**

-  Ovate  mm
-  Full Lap
-  Modified Ridge

**Temporaries**

- Stick<sup>®</sup> Reinforced
- Metal Reinforced

**Other**

- Captec
- Maryland Bridge
- Post and Core
- Split Post and Core
- Gold Crown
  - 60% Gold Content
  - 77% Gold Content
- Inlay/Onlay
  - 60% Gold Content
  - 77% Gold Content
- Night Guard
- Bleaching Tray 1mm
- Bleaching Tray 2mm
- Sports Guard
- Special Tray
- Denture Case

**If Inadequate Clearance**

- Reduce Opposing
- Please Call
- Reduction Coping
- Design Crown For Future Partial

**Implants**

Implant Brand or Type

Implant Size

**Implant Abutment**

- Custom
- Standard
- Zirconia

**SMILE DESIGN & SHADING**

**Incisal Translucency**

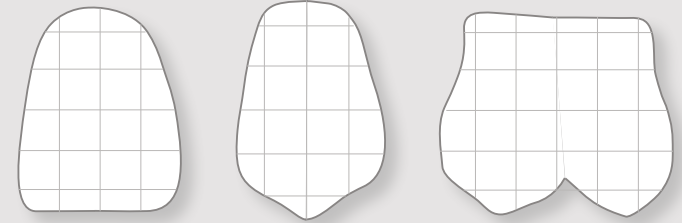
- Minimal .5mm
- Moderate 1.0mm
- Maximum 1.5mm

**Surface Glaze**

- Low
- Medium
- High

**Surface Texture**

- Smooth
- Moderate
- Heavy



**Desired Shade**

**Underlining (Stump) Shade**

**Length of Centrals**  mm (From Cervical Margin No. 11)

**All-Ceramic**

- IPS Empress<sup>®</sup>
- IPS e.max<sup>®</sup>
- IPS D Sign<sup>®</sup>
- Creation<sup>®</sup>

**Reinforced All Ceramic**

- Porcelain to Zirconia
- Procera<sup>®</sup>
- Lava<sup>®</sup>

**Indirect Composite**

- GC Gradia<sup>®</sup>
- Symphony<sup>®</sup>
- Signum<sup>®</sup>

- Diagnostic Wax-Up
- Soft Tissue Model
- Matrix For Temps
- Prep Guide

**INSTRUCTIONS**

- Call Me (before proceeding with case)

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**Quick Check - Have you included**

- | Dentist Use  | Lab Use                  |
|--|--------------------------|
| <input type="checkbox"/> Photos                      | <input type="checkbox"/> |
| <input type="checkbox"/> Stick Bite/Facebow          | <input type="checkbox"/> |
| <input type="checkbox"/> Diagnostic Wax Up           | <input type="checkbox"/> |
| <input type="checkbox"/> Bite Restoration            | <input type="checkbox"/> |
| <input type="checkbox"/> Shade Tab                   | <input type="checkbox"/> |
| <b>Models:</b>                                       |                          |
| <input type="checkbox"/> Pre-Op                      | <input type="checkbox"/> |
| <input type="checkbox"/> Opposing                    | <input type="checkbox"/> |
| <input type="checkbox"/> Temps                       | <input type="checkbox"/> |
| <input type="checkbox"/> Smile Design Catalogue      | <input type="checkbox"/> |
| <input type="checkbox"/> Match Photos, Magazine, etc | <input type="checkbox"/> |
| <input type="checkbox"/> Follow Wax Up               | <input type="checkbox"/> |
| <input type="checkbox"/> Follow Temps, Mockup        | <input type="checkbox"/> |
| <input type="checkbox"/> Other                       | <input type="checkbox"/> |

Collection Line: **07915 937 443**

Job Number