

Dr. Name \_\_\_\_\_ DATE \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ M / F \_\_\_\_\_

**TYPE OF RESTORATION**








- PFM: PORCELAIN TO NOBLE
- PFM: PORCELAIN TO NON PRECIOUS
- PFM: PORCELAIN TO HIGH NOBLE
- FULL-CAST/TYPE III YELLOW GOLD
- INLAY/ONLAY TYPE II GOLD
- OTHER \_\_\_\_\_

**PLEASE INDICATE TEETH TO BE RESTORED**








<b>R</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<b>L</b>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- PORCELAIN TO ZIRCONIA
- PROCERA ALL ZIRKON
- LAVA
- EMPRESS E. MAX
- EMPRESS ONLY / INLAY
- ZIRCONIA FULL CONTOUR
- PROCERA ALL CERAM
- ACRYLIC TEMPORARIES
- EMPRESS VENEER





**ANTERIOR PFM MARGIN TYPE / METAL DESIGN / IF NOT MARKED STANDARD WILL BE USED**

TOOTH #	LINGUAL DESIGN	TOOTH #	LABIAL DESIGN
_____	 NO METAL SHOWING	_____	 BUCCAL PORCELAIN MARGIN
_____	 METAL BAND _____ mm	_____	 NO METAL SHOWING
_____	 3/4 METAL LINGUAL	_____	 METAL BAND _____ mm
_____	 FULL METAL LINGUAL		

**POSTERIOR PFM MARGIN TYPE / METAL DESIGN / IF NOT MARKED STANDARD WILL BE USED**

TOOTH #	LINGUAL DESIGN	TOOTH #	BUCCAL DESIGN	TOOTH #	OCCLUSAL DESIGN
_____	 NO METAL SHOWING	_____	 NO METAL SHOWING	_____	 METAL OCCLUSAL EXCLUDING BUCCAL CUSP
_____	 METAL BAND _____ mm	_____	 METAL BAND _____ mm	_____	 METAL OCCLUSAL INCLUDING BUCCAL CUSP
		_____	 BUCCAL PORCELAIN MARGIN		

**PONTIC DESIGN**

- FULL RIDGE 
- SANITARY 
- PARTIAL RIDGE 
- BULLET 

**RIDGE RELIEF**

- NONE
- SLIGHT
- GENEROUS

**IMPLANT INFORMATION**

IMPLANT TYPE  CEMENT  SCREW

IMPLANT BRAND \_\_\_\_\_

IMPLANT SIZE \_\_\_\_\_

IMPLANT ABUTMENT  TITANIUM  ZIRCONIA

**INADEQUATE OCCLUSAL CLEARANCE\***

- METAL OCCLUSION
- REDUCTION COPING
- SPOT OPPOSING

\*WOULD YOU LIKE THIS TO BE A PERMANENT NOTE?  
 YES  NO

**DR. SPECIFIED MARGINS \*DEFAULT**

\_\_\_\_\_ BUCCAL/FACIAL 1.5mm subgingival

\_\_\_\_\_ INTERPROXIMAL 1.0mm subgingival

\_\_\_\_\_ LINGUAL 0.5mm subgingival

\*Default will be used if none specified

SHADE \_\_\_\_\_



**DELIVERY DATE**

**Please Deliver By 5:00 PM On \_\_\_\_\_**

**(Please allow at least 2 weeks from date of prep/shipping for delivery)**

- Return for Trim
  - Return for Mount
  - Return for Metal Try-in
- INSTRUCTIONS - If you would like more space, please use back of form.

Dr. Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_

- Send Rx
- Send Boxes
- Send Shipping Labels