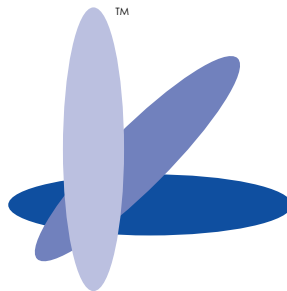


CASE NUMBER: _____ DATE RECEIVED AT LAB: _____ COMPLETE DATE: _____



DOCTOR: _____ PATIENT: _____
PLEASE PRINT PLEASE PRINT

CITY, ST: _____ Age: _____

DATE DUE ON (BY 5:00 P.M.): _____ DATE SHIPPED: _____
PLEASE ALLOW 2 WEEKS

RESTORATION

- PORCELAIN FUSED TO METAL (PFM) *SELECT ALLOY
- FULL CAST CROWN *SELECT ALLOY
- ZIRCONIA LAYERED CROWN
- CAD/CAM FULL MONOLITHIC ZIRCONIA
- CAD/CAM FULL E.MAX
- IPS E.MAX PRESSED & LAYERED
- INDIRECT COMPOSITE INLAY/ONLAY
- DIAGNOSTIC WAX UP PORCELAIN VENEER
- FULL DENTURE PARTIAL DENTURE
- DENTURE/PARTIAL FRAMEWORK
- IMPLANT RESTORATION
- REPAIR/AJUSTMENT (BE SPECIFIC)

METAL DESIGN



PFM ALLOY

- PALLADIUM (N) BASE METAL (NP)
- WHITE GOLD (HN) YELLOW GOLD (HN)

FULL CAST ALLOY

- PALLADIUM (N) YELLOW GOLD 50% (N)
- WHITE GOLD (HN) YELLOW GOLD 60% (HN)

IMPLANT ABUTMENT

- CUSTOM TITANIUM GOLD ABUTMENT
- CUSTOM ZIRCONIA SCREW RETAINED
- SPECIFY TYPE & SIZE _____

- INCISAL TRANSLUCENCY MINIMAL MODERATE (1.0 mm) MAXIMUM (1.5 mm)
- SURFACE TEXTURE HIGH MEDIUM LIGHT SMOOTH
- SURFACE FINISH HIGH GLAZE POLISHED GLOSS SATIN LOW GLOSS

ANTERIOR LENGTH Central _____ mm Lateral _____ mm less than centrals Canine _____ mm

SHADE _____

DENTIN SHADE _____
FOR ALL WORK INVOLVING NON-METAL



PONTIC DESIGN



OCCLUSAL

- STAIN NONE LIGHT DARK
- CONTACT IN OCCLUSION
- SLIGHTLY OUT OF OCCLUSION
- OUT OF OCCLUSION I
- OUT OF OCCLUSION II
- OUT OF OCCLUSION III

- IF NO OCCLUSAL CLEARANCE**
- SPOT OPPOSING REDUCTION COPING
 - METAL OCCLUSAL CALL _____

VERTICAL

VERTICAL DIMENSION _____ mm OPEN BITE
VERTICAL MEASUREMENT _____ mm

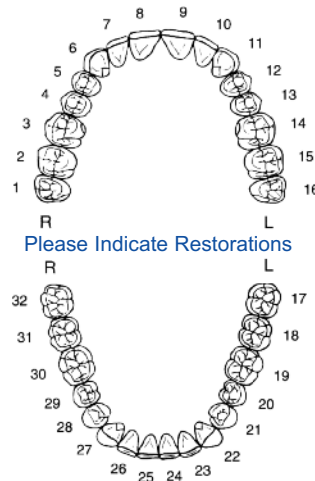
INTERPROXIMAL

- CONTACT NORMAL BROAD POINT
- EMBRASURE CLOSED OPEN
- DIASTEMA CLOSED OPEN

ADDITIONAL INSTRUCTIONS

Please PRINT - we are not responsible if we can't read your instructions. Avoid abbreviations.

- FRAMEWORK TRY-IN
- BISQUE TRY-IN



Signature _____ License No. _____

I agree to Terms and Conditions. Please visit www.theartofaesthetics.com to read Terms & Conditions.

PLEASE SEND A STUDY MODEL for all work involving anterior teeth

WHITE - LAB COPY

YELLOW - DOCTOR COPY

Rev. 1/19