

(shaded area for lab use only)

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dr: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_

### Type of Restoration

- Diagnostic Wax Up - teeth #s \_\_\_\_\_
- Feldspathic - teeth #s \_\_\_\_\_
- Empress - teeth #s \_\_\_\_\_
- e.max - teeth #s \_\_\_\_\_
- e.max Zirconia - teeth #s \_\_\_\_\_
- PFG - teeth #s \_\_\_\_\_  
type of margin \_\_\_\_\_
- Other - teeth #s \_\_\_\_\_

### Items Included with Case

- Opposing Impression
- Pre-op Models
- Master Impressions (Qty: \_\_\_\_\_)
- Bite Registration w/o Stick
- Impression of Provisionals
- Stick Bite
- CR Bite Registration
- Bite Registration of Provisionals against Preps
- Facebow Transfer Jig Mfg \_\_\_\_\_
- Incisal Edge Matrix
- Photographs

### Goals for Case

- Close Diastema
- More Youthful Smile
- Move Midline (to patient's R or L)
- Feminize Smile
- Change Vertical Dimension: \_\_\_\_\_
- Other: \_\_\_\_\_

### Prep Shade Guide Used

- Ivoclar  Finesse

### Shade of Preparation

Stump Shade Teeth # \_\_\_\_\_

\_\_\_\_\_

Stump Shade Teeth # \_\_\_\_\_

\_\_\_\_\_

### Shade (see teeth diagram)

\_\_\_\_\_

\_\_\_\_\_

### Shade of Incisal

- White  Blue  Gray
- Amber  Clear

### Surface Texture

- Smooth  Slight
- Moderate  Heavy



### Surface Finish

- Low Gloss
- High Gloss
- Polished Gloss

### Incisal Translucency

- Minimal .5
- Moderate 1.0
- Maximum 1.5

### Outline Shape

- Provisionals  Pre-op Model
- Smile Catalog Shape \_\_\_\_\_
- Other \_\_\_\_\_

### Length of Centrals

- #8 \_\_\_\_\_  #9 \_\_\_\_\_

### Authorization

Dr. Signature \_\_\_\_\_

License # \_\_\_\_\_

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.



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