

Dr. Date

Address

City State Zip

Phone Fax

Patient Name
(Last name) (First name)

Female Male Age

Please send the following: Rx Forms Bags Boxes

LAB USE ONLY | PAN #

BLUEPRINT OF CASE TREATMENT

WAX-UP DIAGNOSTIC

Full Coverage Teeth #

Porcelain Veneers

DIAGNOSTIC PURPOSE

Opening Vertical mm

Lengthen

Teeth #

How Much?..... mm

Shorten

Teeth #

How Much?..... mm

Tissue Recontouring

Teeth #

How Much?..... mm

- Restore Guidance
 Widen Buccal Corridor



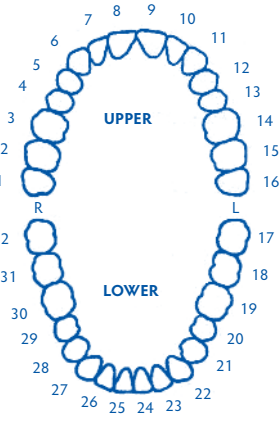
Please indicate by checking a, b, or c.

a

b

c

RETURN TO DR. W/DIAGNOSTIC WAX-UP (choose one or more)



- Preparation Suggested Model
 Putty Matrix For Temp. Fabrication
 Esthetic Wax-Up Only
 Preparation Guided Putty Stent
Shade

PONTIC DESIGN

HYGENIC CONE HARMONY RIDGE LAP



MANDATORY INFORMATION IF AVAILABLE

(FOR DIAGNOSTIC AND/OR RESTORATIONS)

PHOTO INFO

- Pre-op / Provisional Facial with Smile Smile with Lips
 Dental Close-up Prep Shade Profile Smile

ALL CERAMIC RESTORATIONS

PORCELAIN LAMINATE VENEERS

Feldspathic Teeth #

Pressable Teeth #

FULL CROWN COVERAGE

Feldspathic Teeth #

Pressable Teeth #

Lava 3M Teeth #

Procera Zirconia Teeth # Other

PORCELAIN FUSED TO METAL

Single Castings Bisque Bake One Piece Castings Finish

Teeth #

Facial Collar Yes No Lingual Collar Yes No

Porcelain Butt Shoulder Teeth #

Semi-Precious (white) Precious (white)

High Noble (yellow) Captek

Metal Island Metal Occlusal Metal Lingual

ALL METAL RESTORATIONS

54% Au (yellow) 60% Au (yellow) 75% Au (yellow)

Semi-Precious (white) Precious (white) Other

IMPLANTS

Implant Type

Screw Retained Cement Retained Custom Abutment

COLOR & LENGTH INFORMATION

SHADE



Final Shade

LENGTH OF CENTRALS

Original #8

#9

Final #8

#9

SPECIAL INSTRUCTIONS

Call me - I would like to speak with

Signature Lic. #