



OFFICE USE ONLY

Dr. Name	Date Received
<b>DELIVERY DATE / (Not Seat Date)</b>	Pan #
Patient Name	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Case #

PORCELAIN	Tooth #	FULL CAST	Tooth #
Porcelain to NP		Gold High Noble 80%	
Porcelain to SP		Gold High Noble 60%	
Porcelain to <input type="checkbox"/> White Gold <input type="checkbox"/> Yellow Gold		Gold Noble 40%	
Implant Abutment <input type="checkbox"/> Custom <input type="checkbox"/> Zirconium <input type="checkbox"/> Stock <input type="checkbox"/> Titanium		Gold Noble 2%	
		Silver Palladium Noble	
		Full Cast NP <input type="checkbox"/> Yellow <input type="checkbox"/> Silver	

FULL PORCELAIN	
Tooth #	
Empress/Empress Layered	Stumpf Shade
E Max/E Max Layered	Has case been disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROCERA	Do You Need? <input type="checkbox"/> Shipping Boxes <input type="checkbox"/> Prescriptions
BRUXZIR/ANT•BRUX	

PONTIC INFORMATION		Will opposing teeth be restored?	
Ridge Relief <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Hvy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pontic Design	Hygenic	<input type="checkbox"/> Doctor wants to trim die	
		<input type="checkbox"/> Please Call	
Ridge	Ovoid		

DIAGNOSTIC WAX-UP	CUSTOM TRAY	Upper	Lower
SURVEY CROWN	NIGHT GUARD: <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Dual		

**LABIAL COLLAR DESIGN**      **Shade:**

Thin Metal Collar    Show No Metal

Porcelain Butt Shoulder

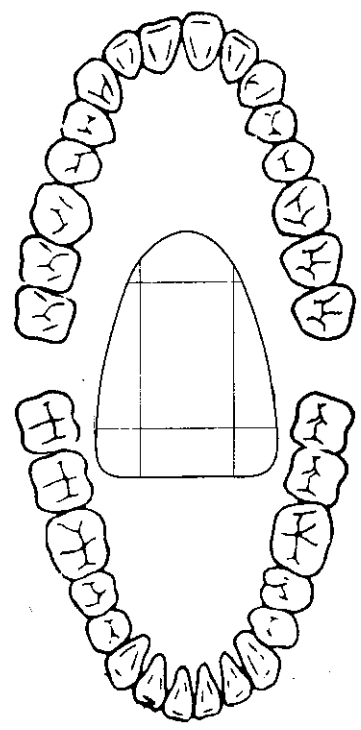
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Special Instructions:

Single Sided Impression
Double Sided Impression
Bite
Pour
Base
Pin & Ditch
Study Model
Partial IN OUT
Shade Tab
Photos
Old Crown(s)
Mounted Models
Old Model Work
Analog
Imp Coping
Abutment
Abut Screw
Soft Tissue



Please Circle Metal Design



<input type="checkbox"/> Vigorous	<input type="checkbox"/> Delicate	<input type="checkbox"/> Soft
<input type="checkbox"/> Trial	<input type="checkbox"/> Finish	
<b>Facial Characteristics</b>		
Check Basic Face Form	Check Facial Asymmetry	
<input type="checkbox"/> Square	<input type="checkbox"/> Dominant Right Side	
<input type="checkbox"/> Square Tapering	<input type="checkbox"/> Dominant Left Side	
<input type="checkbox"/> Tapering		
<input type="checkbox"/> Ovoid		
TEETH: Anterior: Porcelain _____ Plastic _____		
<input type="checkbox"/> Econo		
<input type="checkbox"/> Prem Posterior: Porcelain _____ Plastic _____		
Mould _____ / Shade _____		
Setup Marque Dental Laboratory <input type="checkbox"/> Personalized <input type="checkbox"/> Plain		
Finish: <input type="checkbox"/> Hi-Impact <input type="checkbox"/> Econo		
<input type="checkbox"/> Char <input type="checkbox"/> IVOCAP <input type="checkbox"/> Eclipse		
Post Dam	Jump or Duplicate	
Relief	Reline-Reg.	
Bite Blocks	Reline-Soft	
Cast PARTIAL Frame		
CU-SIL Partial		
Valplast Flexible Partial		

Dr. Signature \_\_\_\_\_ License # \_\_\_\_\_