

Patient: _____ M | F Age: _____ Today's Date: _____ Date Wanted: _____

Doctor: _____

Time: **12:00** | **4:00**

Address: _____

Email: _____ Phone: _____

Preferred Communication: ☐ Phone ☐ E-mail

Restoration Tooth

- ☐ Crown (8 days) _____
- ☐ Bridge (8 days) _____
- ☐ Inlay/Onlay (8 days) _____
- ☐ Implant (15 days) _____

Material

- ☐ IPS e.max CAD
- ☐ IPS e.max ZirCAD (Zirconia)
- ☐ Full Milled Gold
2%, 40%, 58%

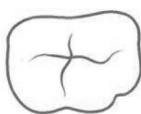
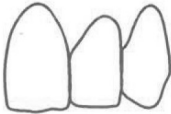
Implant Design

- ☐ Implant System *(required)* _____
- ☐ Tissue Blanching: ☐ Ideal ☐ No Blanching
- ☐ Custom Abutment: ☐ Titanium ☐ Zirconia | ☐ Non OEM ☐ OEM
- ☐ One Piece Screw Retained
- ☐ Cement Retained

Case Specifications

SHADE _____

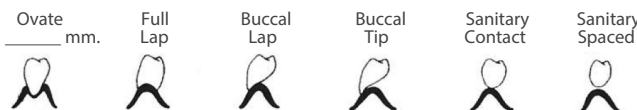
PREP, SHADE *(required for ceramics)* _____



- Occlusal anatomy:** ☐ Match adj. ★ ☐ Ideal
- Occlusion:** ☐ Light ★ ☐ In occlusion ☐ Out of occlusion
- Occlusal stain:** ☐ Light ★ ☐ Medium ☐ Dark ☐ None
- Translucency:** ☐ Standard ★ ☐ Increased ☐ Minimal ☐ As Drawn
- Contacts:** ☐ Heavy ★ ☐ Medium ☐ Light ☐ Leave diastema
- Study model for:** ☐ Guidance ☐ Match ☐ Incisal edge position
- Contour:** ☐ Match adj. ★ ☐ Match study model ☐ Ideal

★ Lab Preference

Pontic Design



Ridge Relief:

☐ YES ☐ NO

Items Included With Case:

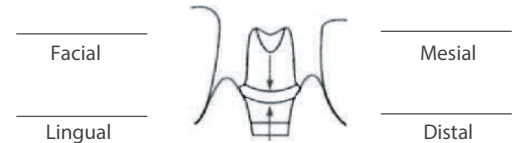
- ☐ Opposing impression or model
- ☐ Model or impression of provisionals
- ☐ Custom impression copings (qty.) _____
- ☐ Master impression (qty.) _____
- ☐ Pre-operative models
- ☐ Media card
- ☐ CD/DVD
- ☐ Photos (qty.) _____
- ☐ Photos emailed on date: _____

Scan Submitted With:

☐ iTero ☐ Trios ☐ Medit

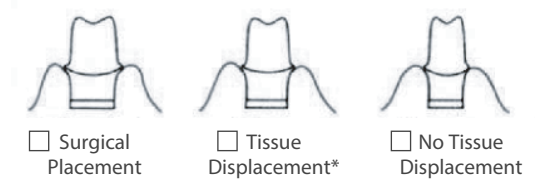
Other: _____ Date: _____

Abutment Margin Depth



*If left blank, default values will be used.
(Defaults: Facial: -1mm, Mesial: -0.75mm,
Distal: -0.75mm, Lingual: -0.5mm)

Abutment Emergence Profile



*If left blank, default
tissue displacement will be used.

Other Shade & Finish Information

Surface Texture: ☐ High ☐ Medium ☐ Light ☐ Smooth

Surface Morphology: ☐ Heavy ☐ Medium ☐ Light ☐ Smooth

Additional Information:

Signature of Dentist: _____ License Number: _____ Exp: _____

Signature is required to fill this prescription. Doctor agrees to pay account in full within 30 days of statement and that 2% interest will be charged per month on all past due balances.

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