

Patient: \_\_\_\_\_ M | F Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date Wanted: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Communication: ☐ Phone ☐ E-mail ☐ Text

## Restoration Tooth #

- ☐ Crown \_\_\_\_\_
- ☐ Bridge \_\_\_\_\_
- ☐ Inlay/Onlay \_\_\_\_\_
- ☐ Implant \_\_\_\_\_

## Material

- ☐ e.max/GC Lisi
- ☐ e.max ZirCAD Multi-layer
- ☐ Zirconia Multi-color
- ☐ Full Milled Gold  
2%, 40%, 58%

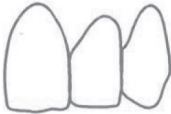
## Implant Design

- ☐ Implant System *(required)* \_\_\_\_\_
- ☐ Tissue Blanching: ☐ Ideal ☐ No Blanching
- ☐ Screw Retained (ti base)
- ☐ Screw-mentable (custom abutment)
- ☐ Cement Retained (custom abutment)
- ☐ Third Party
- ☐ Authentic

## Case Specifications

SHADE \_\_\_\_\_

PREP, SHADE *(required for ceramics)* \_\_\_\_\_



- Hypo-calcification ☐ Occlusion ☐ Facial
- Occlusal anatomy: ☐ Match adj. ★ ☐ Ideal
- Occlusion: ☐ Light ★ ☐ In occlusion ☐ Out of occlusion
- Facet 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

Ok to Relieve: Opposing ☐ YES ☐ NO

Prep ☐ YES ☐ NO ☐ w/reduction coping

## Additional Information:

## 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



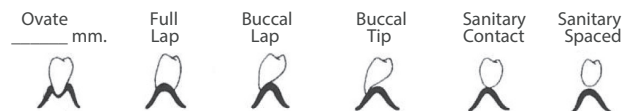
\*If left blank, default values will be used.  
(Defaults: Facial: -1.5mm, Mesial: -0.75mm,  
Distal: -0.75mm, Lingual: -0.5mm)

## Abutment Emergence Profile



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

## Pontic Design



Ridge Relief: ☐ YES ☐ NO

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.

480.446.7063 or 833.269.1195 | 10555 N. 114th Street, Suite #101 | Scottsdale, AZ 85259 | [www.wiandlab.com](http://www.wiandlab.com)