

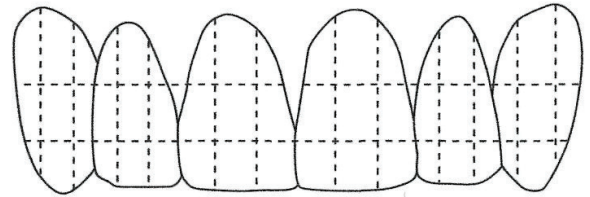
Patient: _____ M F Age: _____ Today's Date: _____ Date Wanted: _____

Doctor: _____

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

Address: _____

Email: _____ Phone: _____

Preferred Communication: ☐ Phone ☐ E-mail ☐ Text**Clinical Goals of Case**

- ☐ Close Diastema ☐ Lengthen Teeth ☐ Change Shape
☐ Establish Function ☐ Corridor Expansion ☐ Move Midline
☐ Other: _____
☐ VDO Changes: *Please call lab to discuss sequence of treatment planned*

Case Directions

- ☐ Follow Study Models ☐ Follow Wax-up ☐ Occlusal Analysis
☐ Follow Temp Model
☐ Length of Centrals _____ ☐ Length of Laterals _____

Pressed Ceramics

- ☐ e.max ☐ Lisi Teeth # _____
☐ Zirconia Teeth # _____
☐ Min Prep Veneers Teeth # _____
☐ Other Teeth # _____

Stacked Ceramics

- ☐ PFZ (Porcelain Fused to Zirconia) Teeth # _____
☐ PFM (Porcelain Fused to Metal) Teeth # _____
☐ Metal Collar on Ling/Buccal ☐ Porc Butt Margin ☐ 360° Porc Butt Margin

Stump Shade _____ Cervical Shade _____ Incisal Shade _____

SURFACE TEXTURE HEAVY MEDIUM SMOOTH	INCISAL EDGE MAMMALONS DEVELOPMENTS INCISAL CHARACTERISTICS HALO FLAT		INC TRANS HEAVY MEDIUM LIGHT NONE 	
	LENGTH Centrals _____ Laterals _____ Canines _____	WIDTH Centrals _____ Laterals _____ Canines _____		SHADE Hue + - Value + - Chroma + -

Ok to Relieve: Opposing ☐ YES ☐ NOPrep ☐ YES ☐ NO ☐ w/reduction coping**Additional Information:**

Special Instructions:

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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