

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%

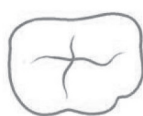
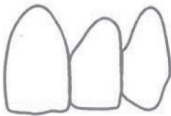
Implant Design

- ☐ 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



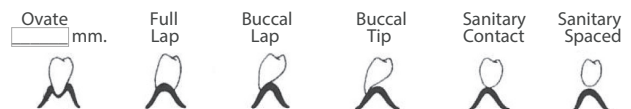
*If left blank, default values will be used.
(Defaults: Facial: -1.5mm, Mesial: -0.75mm,
Distal: -0.75mm, Lingual: -0.5mm)

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.

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