

Lab Reg. #2022

Doctor _____

Patient Name _____

Street _____

Sex _____ Age _____

City/State _____

License # _____

Telephone _____

Signature _____

Email _____

Date _____ Due Date _____

CROWN SHADE _____

NATURAL DENTIN SHADE _____

TYPE OF RESTORATION

Diagnostic Wax Up - Teeth #s

ALL CERAMIC BONDED

eMax Monolithic (Full Contour)

eMax Veneers

Feldspathic Veneers

ALL CERAMIC CEMENTED

Zirconia Layered

Zirconia Monolithic

PORCELAIN FUSED TO HIGH NOBEL

Porcelain Butt Margin

Lingual Collar _____mm

Full Metal Band _____mm

Metal Occlusal (Excluding Buccal Cusp)

Metal Occlusal (Including Buccal Cusp)

Implant Restoration

PONTIC DESIGN



Modified Sanitary Ovate Pontic

FULL CAST GOLD

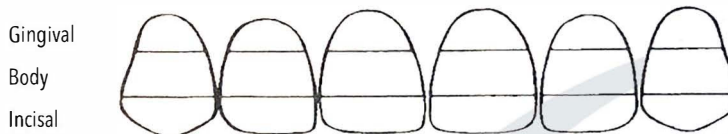
Gold Crown Inlay / Only

IMPLANT RESTORATION

Normal

Screw Retained

Screwmented



Gingival

Body

Incisal

Translucency Light Medium Heavy

Value Low Medium High

Occlusal Stain None Light Medium Dark

Hypocalcification _____

GOALS FOR FINAL CASE

Close Diastema

Eliminate Crossbite

Feminize Smile

Lengthen Teeth _____mm

Move Midline (To Patient's R or L)

Widen Buccal Corridor

Other _____

INSTRUCTIONS

Doctor Signature _____