

(shaded area for lab use only)

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dr: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

(Please Check)

**Esthetic**    **Standard**

### Type of Restoration

- Diagnostic Wax Up - teeth #s \_\_\_\_\_
- Durathin - teeth #s \_\_\_\_\_
- Durathin Press - teeth #s \_\_\_\_\_
- Feldspathic - teeth #s \_\_\_\_\_
- Empress - teeth #s \_\_\_\_\_
- e.max - teeth #s \_\_\_\_\_
- e.max Zirconia - teeth #s \_\_\_\_\_
- Bruxzir - teeth #s \_\_\_\_\_
- Trial Veneer - teeth #s \_\_\_\_\_
- Porcelain to metal                       Full Metal
- NP    SP                       HN                       Yellow gold

### Items Included with Case

- Opposing Impression
- Pre-op Models
- Master Impressions (Qty: \_\_\_\_\_)
- Bite Registration
- Impression of Provisionals
- Stick Bite
- Facebow Transfer Jig Mfg \_\_\_\_\_
- Photographs

### Goals for Case

- Close Diastema
- More Youthful Smile
- Move Midline (to patient's R or L)
- Feminize Smile
- Change Vertical Dimension: \_\_\_\_\_
- Add length - How much? \_\_\_\_\_mm
- Other: \_\_\_\_\_

### Shade of Preparation Please Photograph

Prep Shade Teeth # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Shade (see teeth diagram)

### Outline Shape

- Provisionals                       Pre-op Model
- Smile Catalog Shape \_\_\_\_\_
- Other \_\_\_\_\_

### Surface Texture

- Smooth                       Slight
- Moderate                       Heavy

### Incisal Translucency

- None                       Moderate 1.0
- Minimal .5                       Maximum 1.5

Porcelain margin 360°    Porcelain margin 180°

No metal collar    Small metal lingual collar    Metal lingual collar

360° Metal margin    1/2 Metal occlusal    Full metal occlusal

Sanitary    Ridge Lap    Modified ridge lap    Implant/Ovate

### Use Photos for Shade Diagram



### Articular Preference

- Stratos
- Denar
- Panadent
- Artex
- SAM 3
- KAVO
- Other \_\_\_\_\_

### Length of Centrals

#8 \_\_\_\_\_    #9 \_\_\_\_\_

### Length of Cuspids

#6 \_\_\_\_\_    #11 \_\_\_\_\_

### Authorization

Dr. Signature \_\_\_\_\_

License # \_\_\_\_\_

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.



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