

416-465-4472

Dr. _____ Date: _____

Patient Name: _____

Male: Female: Age: _____

CASE #: _____

DUE DATE (FOR TRY IN): _____

METAL FRAMEWORK TRY IN: _____

BISQUE BAKE TRY IN: _____

DENTURE/PARTIAL TRY IN: _____

DUE DATE (FOR FINISH/RETURN): _____ AM PM

PORCELAIN FUSED TO METAL

- NON-PRECIOUS GOLD NOBLE
 SEMI-PRECIOUS GOLD/FULL METAL CROWN

ALL-CERAMICS

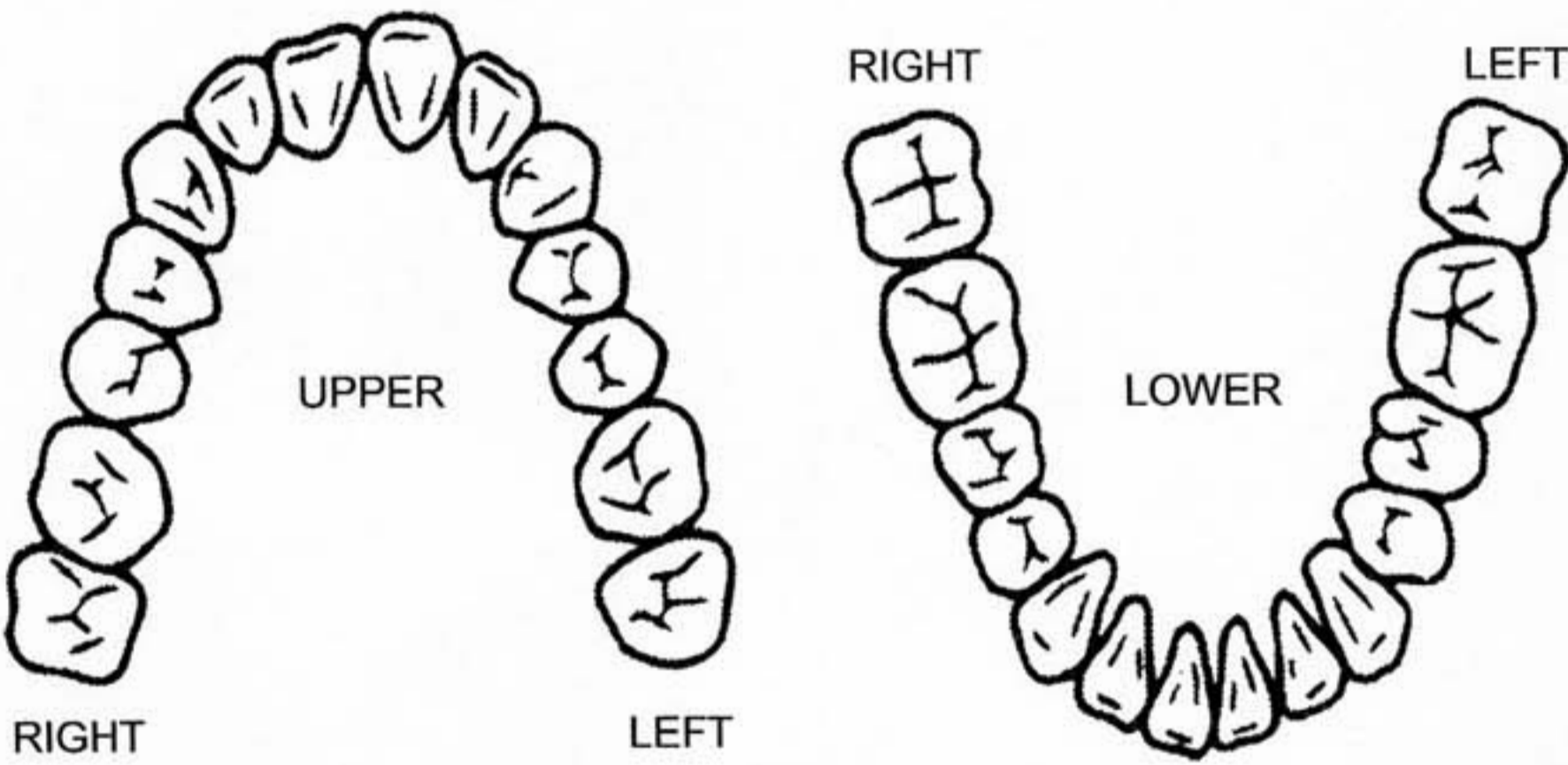
- LAMINATE VENEER YZ ZIRCONIA
 Pressed Ceramics Procera Captek

LABORATORY REQUESTED INFORMATION

- WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE? YES NO
TOOTH DESIGN (STUDY MODEL IS REQUESTED FOR UPPER ANTERIOR CASES)
 FOLLOW DIAGNOSTIC MODEL IMPROVE ON DIAGNOSTIC MODEL

NOTE:
 FOR DESIGN OR CONSTRUCTION OF CASES, PLEASE
 SEND FULL ARCH UPPER/LOWER MODELS WITH BITE
 TO ALLOW IDEAL TREATMENT DISCUSSIONS.

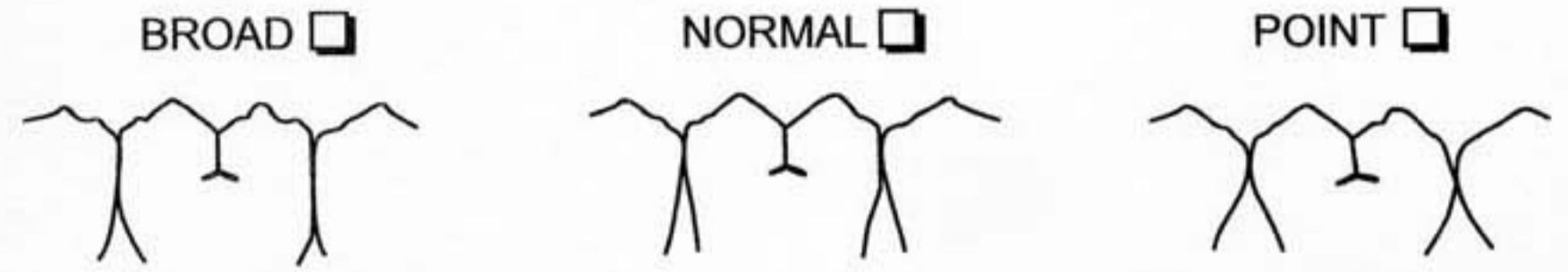
DESIGN CASE HERE



OCCLUSION

- OCCLUSION** **IF NO OCCLUSAL CLEARANCE**
 METAL METAL OCCLUSION
 PORCELAIN REDUCTION COPING
 METAL ISLAND SPOT OPPOSING

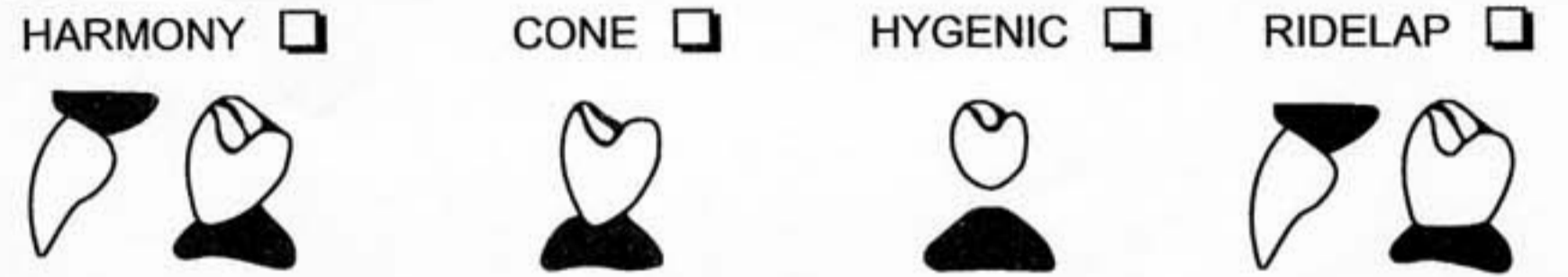
CONTACTS (EMBRASSURES)



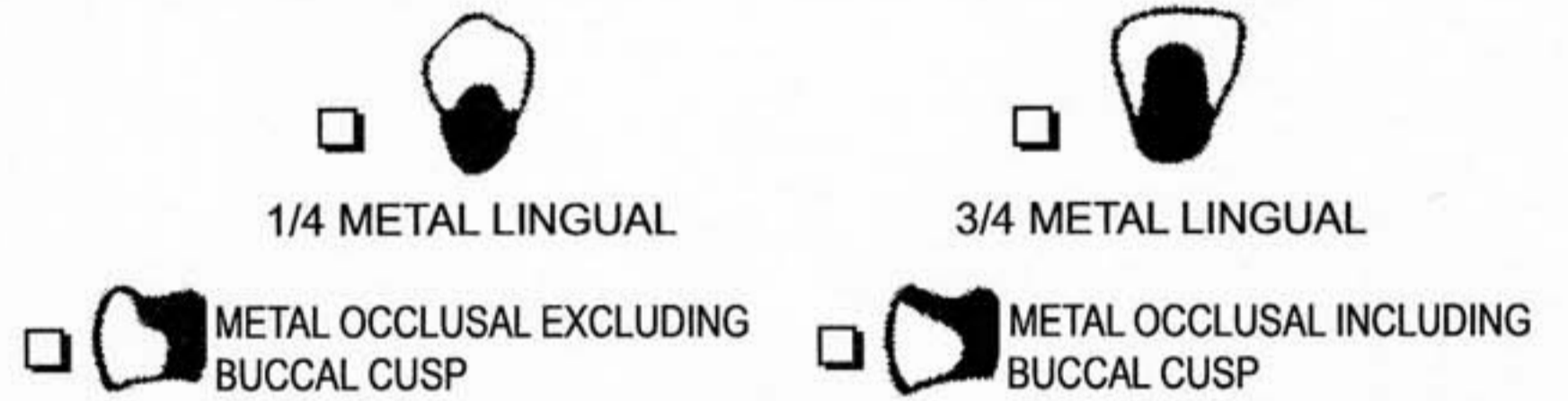
BUCCAL MARGIN DESIGN

- METAL HAIRLINE OR.....MM ON BUCCAL/LINGUAL
 METAL-PORCELAIN BUCCAL JUNCTION MARGIN
 PORCELAIN BUCCAL MARGIN (90° SHOULDER REQ)
 PORCELAIN BUTT 360° MARGIN (90° SHOULDER REQ)

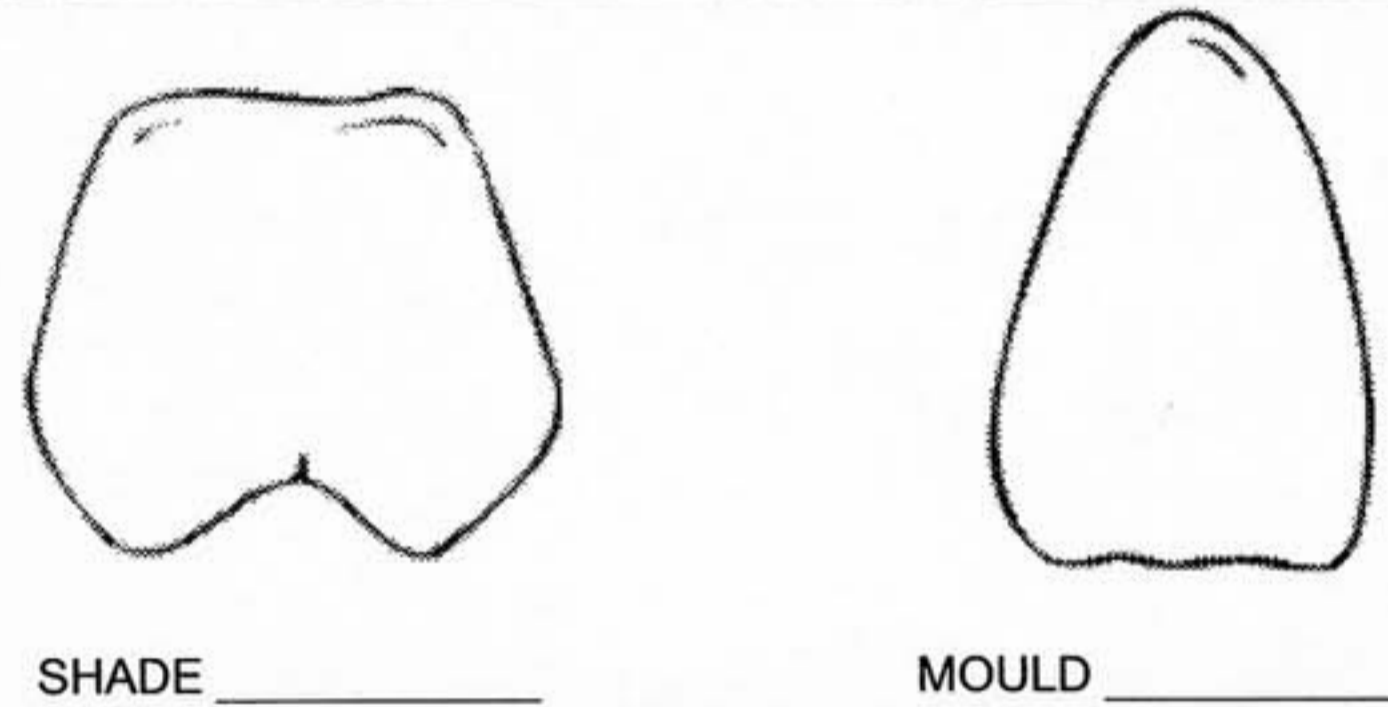
PONTIC DESIGN



ANTERIOR/POSTERIOR DESIGN



CERAMIC SHADE INSTRUCTION



OCCLUSAL STAINING

- NONE LIGHT MEDIUM DARK

ENCLOSED WITH CASE

- IMPRESSIONS MODELS BITE
 PHOTOS OTHER:

CASE DETAILS

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Signature: _____

Note: If applicable, for anterior "Smile Design", Dickerson, Dorfman, Lorin, etc. include detail of the preferred smile type.