



Doctor _____

Street _____

City, State, Zip _____

Telephone _____

Signature _____

Date _____

Please construct and deliver to me the dental restoration described herein.

CASE RESTORATIVE OPTIONS

ALL-CERAMIC

- ☐ e.max pressed
- ☐ Illusion HT Zirconia
- ☐ BruxZir Layered
- ☐ BruxZir Posterior

PORCELAIN-TO-METAL

- ☐ High Noble
- ☐ Noble
- ☐ Tilitite
- ☐ Base

Full Gold Crown

Yellow

White



☐ Porcelain Buccal Margin



☐ Lingual Collar _____mm



☐ Full Band _____mm



☐ Metal Occlusal (Lower)



☐ Metal Occlusal (Upper)



☐ Metal Lingual



☐ Modified Ridgeline



☐ Ovate Pontic



☐ Sanitary

IMPLANT DESIGN

Implant Brand _____

Implant Size _____

Abutment Type

☐ Custom Milled ☒ Stock ☐ Zirconia ☐ Titanium

Implant Profile: ☐ Ridge Lab ☐ Standard Emergence

Gingival Embrasures: ☐ Open ☐ Closed

Patient Name _____

Age _____

M F

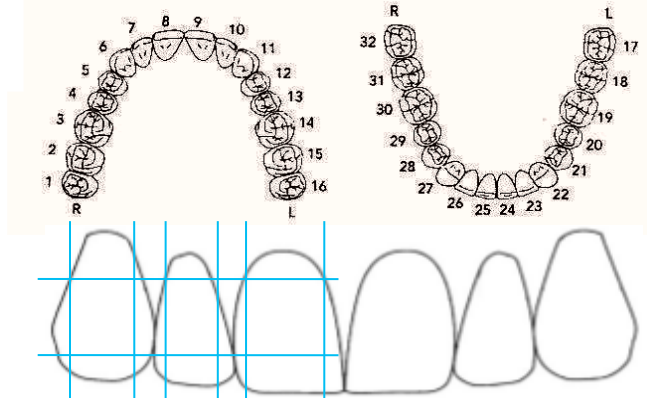
DUE DATE

LAB USE ONLY

CASE DESIGN PREF

Final Shade _____

Stump Shade _____



Shimbashi Vertical Measurement: CEJ to CEJ #8-#25 _____mm

#9-#24 _____mm

Smile Catalog Selection _____

Opposing to be restored? Yes No Golden Proportions? Yes No

If yes, desired length of teeth 8 & 9 _____mm

CASE CHARACTERIZATIONS

- ☐ Ideal
- ☐ Characterized
- ☐ Midline Marked

- ☐ High Lip Line
- ☐ Smooth
- ☐ Anatomical

Incisal Translucency ☐ 2.0mm ☐ 1.5mm ☐ 1.0mm ☐ None
Labial Anatomy ☐ Heavy ☐ Medium ☐ Light ☐ None
Surface Texture ☐ Heavy ☐ Medium ☐ Light ☐ None
Cervical Blending ☐ Heavy ☐ Medium ☐ Light ☐ None

DIAGNOSTIC PLANNING

Tooth numbers to be restored _____

- ☐ Diagnostic wax-up
- ☐ Temp Stint
- ☐ Reduction Guide
- ☐ Tissue Reduction tooth #s _____