Seat Date

Date

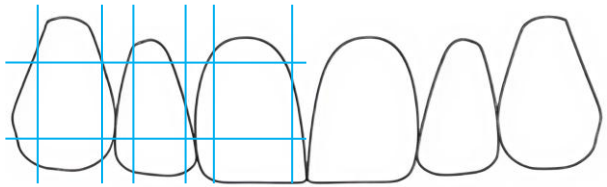
Time

Doctor Information

Practice

Office Phone

Case Design Preferences



Shimbashi Vertical Measurement: CEJ to CEJ #8 - #25 _____ mm
#9 - #25 _____ mm

Smile Catalog Selection _____

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

If yes, desired length of teeth 8 & 9 _____ mm

EvoDent Dental Lab
11978 S 700 E
Suite 101
Draper, UT 84020
(801) 432-7446
evodentlab@gmail.com

Patient Information

First

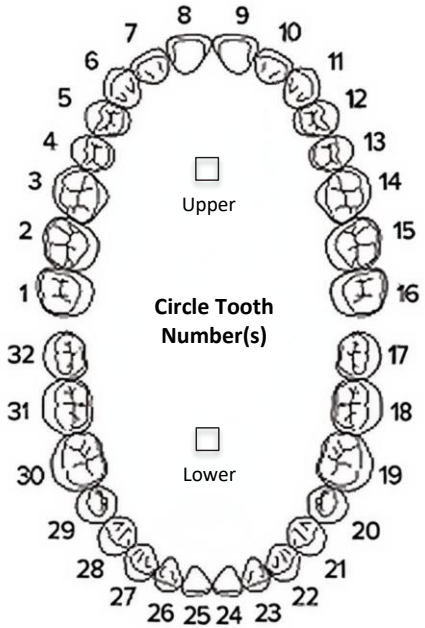
Last

Gender Male ☐ Female ☐ Age _____

Final Shade

Photos submitted to lab ☐

Prep Shade _____



Case Notes

Case Restorative Options

☐ Functional Zirconia (extra strength)

☐ ILLUSION Layered Ceramic Premium Aesthetics

☐ Aesthetic Zirconia (3D – Multilayered Zirconia)

☐ LiSi Press®

☐ ILLUSION PRESS Layered Ceramic Premium Aesthetics

☐ IPS e.Max® • Press

☐ Full-Cast Noble (Yellow)

☐ Full-Cast NP White

☐ Full-Cast Noble (White)

Pontic Design

☐ ☐ ☐ ☐ ☐

Contact Design

☐ Ideal Contact ☐ Broad Contact

Diagnostic Planning

☐ Diagnostic Wax-up

Choose Material: ☐ Digital/Printed* ☐ Waxed

☐ Clear, Prep Reduction Guide

☐ Temporary Matrix

☐ Provisional (PMMA)

Appliances

☐ Upper Nightguard

☐ Lower Nightguard

☐ Essix Retainer

☐ Hard

☐ Hard/Soft

☐ Soft

Implant Design

1

Implant Brand: _____

Platform: _____

Size: _____

2

☐ Screw-Retained

or

☐ Cement-Retained

3

☐ Ti Base

☐ Custom Titanium

☐ Custom Hybrid (Zirconia)

☐ Stock Abutment

4

Implant Emergence Profile

Full Anatomical ☐ Tissue Displaced* ☐ No Displacement ☐

*Standard unless specified

SIGNATURE _____ DATE _____

TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late monthly charge of 2% of the unpaid balance. Cost of collection of any account will be paid by the customer, including any attorney fees. Prices subject to change without notice. Rx must be enclosed with original case submission.