

### Special Status Enclosures

- RUSH Case  Impressions  Bite Reg.
- Call Me  Models
- Email Me  Photos

Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_  
 Pt. Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Please send additional:  work order forms  shipping labels  boxes

Delivery Date MM/DD/YY  AM  PM

### Fixed Restorations

- Emax  PFM
- BruxZir  Empress
- PFZ  Temporary
- Full Cast  Maryland Bridge

### Fixed Description

- Metal  High Noble  Semi-prec.  Non-prec.
- Color  Yellow  White
- Contacts  Light  Heavy
- Occlusion  Light  Heavy
- Buccal Margin  Metal-Porcelain 180° Porcelain Buff Margin  Metal-Porcelain 360° Porcelain Buff Margin
- Metalband

Crown \_\_\_\_\_ Pontic \_\_\_\_\_  
 Inlay \_\_\_\_\_ Onlay \_\_\_\_\_  
 Veneer \_\_\_\_\_ Wing \_\_\_\_\_  
 Shade \_\_\_\_\_ Shade Guide \_\_\_\_\_

### Removables

- Temp Immediate Flipper
- Temp RPD w/ Vitallium Frame
- Temp Immediate Denture
- Final Complete Denture
- Clear Retainer w/ Temp Teeth
- Custom Tray  Baseplate & Rim

### Splints/Bleaching Trays

- Comfort Hard/Soft Bite Splint
- Hard Splint  Soft Splint
- Anterior Deprogrammer
- Bleaching Trays
- Clear Orthodontic Retainer
- Surgical Reduction Guide
- Implant Surgical Guide

### Other

- Diagnostic Waxup
- Putty Stent  Reduction Guide

### Implant Description

Manufacturer: \_\_\_\_\_ Brand: \_\_\_\_\_  
 Teeth to Be Replaced: \_\_\_\_\_  
 Platform Diameters: \_\_\_\_\_  
 Bridge: \_\_\_\_\_  
Identify all abutments, pontics, cantilevers, and which units are to be splinted  
 Pink composite to cover root?  Yes  No  
 Narrow occlusal table in posterior?  Yes  No  
 Splint adjacent units? (Identify above)  Yes  No  
 Are you enclosing parts? (Identify on Rx)  Yes  No

### Esthetic Description

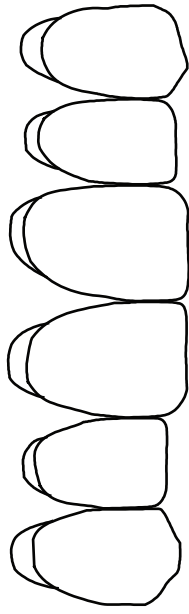
**Diagnostic Waxup:** \_\_\_\_\_  
Identify teeth and the anticipated type of restoration  
 Open Vertical: \_\_\_\_\_ mm  
 Lengthen Teeth: \_\_\_\_\_ mm Teeth #: \_\_\_\_\_  
 Shorten Teeth: \_\_\_\_\_ mm Teeth #: \_\_\_\_\_  
 Restore anterior guidance?  Yes  No  
 Widen buccal corridor? (Indicate on photo)  Yes  No  
 Will temporaries be made chairside?  Yes  No  
Ensure that putty stent, and reduction guide are marked under "Other"

### Acrylic Temporaries: Teeth

Please indicate abutment and pontic teeth. All temporaries will be fabricated with a 1 mm reduction.  
 Existing Lip line  High  Low Gummy Smile  Yes  No  
**Lip Line, pre-op smile, profile, and full face should be evident on photographs.**

### Misc Description

If insufficient room:  Reduce and Mark  Reduction Coping  Please Call  
 Create ovate pontic space: Tooth # \_\_\_\_\_ Depth \_\_\_\_\_ mm



**Rx**

- |                          |                                 |                          |          |
|--------------------------|---------------------------------|--------------------------|----------|
| <input type="checkbox"/> | Standard metal lingual          | <input type="checkbox"/> | Sanitary |
| <input type="checkbox"/> | Full porcelain coverage         | <input type="checkbox"/> | Conical  |
| <input type="checkbox"/> | Metal occlusal no buccal cusp   | <input type="checkbox"/> | Modified |
| <input type="checkbox"/> | Metal occlusal with buccal cusp | <input type="checkbox"/> | Saddle   |
| <input type="checkbox"/> | 3/4 metal lingual               | <input type="checkbox"/> | Ovate    |
| <input type="checkbox"/> | 1/4 metal lingual               |                          |          |



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

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