

Please send additional: work order forms shipping labels boxes

Delivery Date MM/DD/YY _____ AM PM

Fixed Restorations

- Full Cast Restoration
- PFM Captek
- Zirconia Lava Procera
- IPS Empress Emax
- All-Composite
- Maryland Bridge

Implant Restorations

- Cast-to Abutment
- Milled Abutment
- LM Bridge Frame
- Screw Retained Crown
- Temp Screw Retained Full Arch
- Temp Screw Retained Bridge
- Temp Immediate Denture
- Temp Immediate Flipper
- Temp RPD w/ Vitallium Frame

Splints/Bleaching Trays

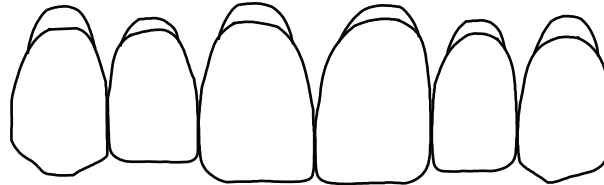
- Bleaching Trays Reservoirs
- Soft Nightguard
- Anterior Deprogrammer
- Essix Retainer Temp Teeth
- Clear Orthodontic Retainer
- Surgical Reduction Guide
- Implant Surgical Guide

Other

- Diagnostic Waxup
- Putty Stent
- Clear Reduction Guide
- Custom Tray
- Other: _____

Fixed Description

- Metal High Noble Semi-precious
 Color Yellow White
 Contacts Light Heavy
 Occlusion Light Heavy
 Buccal Margin Metal-Porcelain Junction Margin 180° Porcelain Butt Margin 360° Porcelain Butt Margin
 Metal band
- Crown _____ Pontic _____
 Inlay _____ Onlay _____
 Veneer _____ Wing _____
 Shade _____ Shade Guide _____



- | | |
|--|-----------------------------------|
| <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 | |

Esthetic Description

- Diagnostic Waxup: _____
Identify teeth and the anticipated type of restoration
- Open Vertical: _____ mm
 Lengthen Teeth: _____ mm Teeth #: _____
 Shortten 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

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

Dr. Signature _____

License # _____ Date _____