

Customer/ Clinic _____

Dr Name _____

Patient Name _____

Date Prepared _____

Due Date _____ Time _____

☐ **New Case**

☐ **Adjustment / Remake**

Fixed Restorations

☐ Crown ☐ Bridge

- | | |
|--|---|
| ☐ PFZ | ☐ PFM |
| ☐ Full Zirconia | ☐ Full Metal |
| ☐ Full Multilayered | ☐ Post & Core Zirconia |
| ☐ IPS E-Max | ☐ Post & Core, Metal |
| ☐ E-Max Veneer | ☐ PMMA |
| ☐ Onlay-Inlay Emax | ☐ 3D Printed Model |

Implants

Brand _____

Platform _____

- ☐ Full Zirconia on Implant
☐ PFZ on Implant
☐ PFM on Implant
☐ Custom Titanium Abutment
☐ Custom Zirconia Abutment

Other

Type

- ☐ Screw Retained
☐ Cement Retained

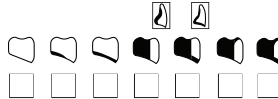
Enclosed

- ☐ Abutment
☐ Analog
☐ Screw
☐ Others

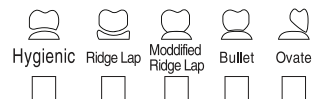
Insufficient Occlusal Clearance

- ☐ Metal Occlusal
☐ Reduce opposing & mark model
☐ Reduce prep & mark model
☐ Reduce prep & make reduction coping
☐ Email

Metal Design



Pontic Design



Occlusal Staining

- ☐ None ☐ Light ☐ Medium

Embrasure

- ☐ Open ☐ Closed

Proximal Contact

- ☐ Point ☐ Extended

Occlusal Contact

- ☐ Heavy ☐ Light ☐ Open

Shade

Stump shade



Position

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Instructions

Customer/ Clinic _____

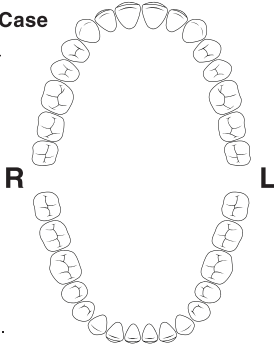
Dr Name _____

Patient Name: _____

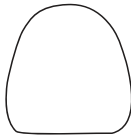
Due Date: _____

Enclosed With Case

- ☐ Impression U/L
- ☐ Bite
- ☐ Registrations
- ☐ Model U/L
- ☐ Photos
- ☐ Articulator
- ☐ Study model
- ☐ Crowns
- ☐ Others.....



Final Shade



Removables

Acrylic Full Denture

- ☐ Set-up
- ☐ Processing
- ☐ Direct Finish

Acrylic Partial Denture

- ☐ Set-up
- ☐ Processing
- ☐ Direct Finish

Valpast

- ☐ Set-up
- ☐ Processing
- ☐ Direct Finish

Cast Partial Denture

- ☐ Metal Frame Work
- ☐ Metal Frame Work-Teeth Try-In
- ☐ Metal Frame Work-Finish denture

- ☐ Upper Jaw

- ☐ Lower Jaw

Immediates

- ☐ Extract All
- ☐ Extract Tooth #.....

Teeth

- ☐ Standard Teet
- ☐ Upgrade Teeth.....

Miscellaneous

- ☐ Custom Tray
- ☐ Bite Block
- ☐ Metal Strengthenner
- ☐ Mesh
- ☐ Night Guard
 - ☐ Hard ☐ Soft ☐ Hard/Soft
- ☐ Bleaching Tray
- ☐ Denture Repair/Reline

Instructions