



Shade Instructions:

Shade chosen for - Hue _____ Value _____ Stump _____

Shade Depiction: _____

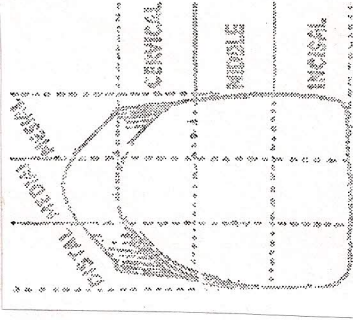
Shade & Detail Considerations:

Occ. Stain - Light, Med, Dark

Texture - Light, Med, Course

Translucency - Clear, Frosted, Milky, Amber

Surface Finish - High Glaze, Polished, Satin, Low Shine



Special Instructions:

- Pour 1 working and 2 solids for contacts & occ
- Mount on _____ w/ these condylar settings _____
- Follow provisional's for Form & Function
- Open Vertical Dimension of Occlusion _____
- Length of centrals _____
- Other _____

Notes & Goals:

Dr. Signature _____ License _____

250 South Central Blvd. Ste. 105 Jupiter Fl. 33458

561-575-1288 or 561-575-1259

Dr. _____ Date. _____

Patient Name _____

Male _____ Female _____ Age _____ Due Date _____

Items Included With Case:

- Master impression
- Opposing impression / model
- Bite record CO _____ CR _____ Protrusive _____
- Diagnostic wax up
- Provisional model
- Pre-operative model
- Face bow or Kois recording
- Digital Photos E-Mailed ??????
- Other _____

Type of Restoration:

- Everest w/ Layered E-Max, Teeth #s _____
- E-Max Core w/ E-Max layering #s _____
- E-Max (Monolithic) #s _____
- Empress Esthetic (Veneers) #s _____
- Gold 77% (Full, Onlays, Inlays #s _____
- Implants Brand _____ Sizes _____
- Custom Gold or Zirconium **Premade** Titanium or Zirconium
- PREVAIL / OTHER** _____