

Case # _____ Patient Name _____ Ship Out Date ____/____/20
 Doctor Name _____ Office Location _____ Case Due Date ____/____/20

Fixed Restorations

All Ceramic

E Max
 ○ Crown ○ Bridge
 ○ Inlay ○ Onlay

Zirconia
 Zirconia Full Contour
 Zirconia Coping Only
 Inlay / Onlay
 Wolceram
 Empress Post/Core

Composite Restoration

Sinfony Adoro
 ○ Crown ○ Bridge
 ○ Inlay ○ Onlay

Maryland Bridge
 Radica Long Term Provisional
 Diagnostic Wax Up

PFM

NP
 ○ Ni/Co ○ Cr/Co

Captek
 Noble
 ○ Yellow ○ White

High Noble
 ○ Yellow ○ White

Maryland Bridge
 Coping (Alloy) _____

Cast Crown/Post


NP
 ○ Ni/Co ○ Cr/Co

Noble
 ○ Yellow ○ White


High Noble
 ○ Yellow ○ White

Post / Core + Crown
 ○ Separate ○ 1 piece

Pontic Design



Margin and Metal Design



Implant

Cement-Retained
 Screw-Retained Enclosed Parts

Abutment _____ Pieces
 Analog _____ Pieces
 Screw _____ Pieces
 Other _____ Pieces

Preferences

Contact
 Occlusal Staining
 Occlusion

○ Tight ○ Light ○ Broad & Tight
 ○ None* ○ Light ○ Medium ○ Dark
 ○ Light* ○ In ○ Out

If No Occlusal Clearance ○ Call Doctor ○ Reduction Coping ○ Spot Opposing ○ Metal Occlusion

Removable Restorations

Cast Partial

Frame Only
 Cr/Co Vitallium

Stage

Custom Tray
 Bite Block
 Wax Try-In
 Process/Finish
 Partial Denture Complete

Finished with Acrylic
 ○ Standard
 ○ Lucitone 199

Finished with Valplast
 ○ Light Pink
 ○ Standard Pink
 ○ Meharry
 ○ Other Color _____

Extras

Rebase/Reline
 Adapt Crown to Partial

Dentures

Conventional Acrylic
 ○ Standard
 ○ Lucitone 199

Stage

Custom Tray
 Bite Block
 Wax-Up with teeth
 Process/Finish
 Full Denture Complete

Immediate Denture
 ○ Extract teeth on # _____

Stage

Wax Try-In (Teeth Only)
 Process
 Complete

Attachments

Type of Attachment _____
 ERA on # _____ (Unit)
 (Please see price list for attachment selections)

Non-Metal Partial

Flexible Acrylic

Valplast
 ○ Light Pink
 ○ Standard Pink
 ○ Meharry
 ○ Other Color _____

Duracetal
 Flipper
 Clear Clasp (Acetal)

Other

Night Guard
 ○ Hard
 ○ Soft
 ○ Hard Outside/Soft Inside

Beaching Tray
 Sports Guard
 ○ W/ Strap ○ 2 Layers
 ○ 3 Layers

RX

Single/Splinted/Bridge (Please Circle) Unit # _____ Shade Unit # _____ Stump Shade Unit # _____ Set up Teeth on # Unit # _____

