

DOCTOR INFORMATION

RX date _____

doctor name _____

address _____

phone _____

PATIENT INFORMATION

return date _____ time _____
month / day

patient name _____

age _____ gender m f

phone _____

INSTRUCTIONS

please call doctor

doctor license _____ doctor signature _____

SHADE INFORMATION

shade

mould of crown

follow study model

match existing

make ideal

occlusal staining

none light

medium dark

hypo-calcification

surface texture

smooth mammelon development

textured match existing

diastema / midline shift

close R _____ mm

open _____ mm L _____ mm

PORCELAIN FUSED TO METAL

alloy type

high nobel - yellow semi precious - yellow

nobel - white semi precious - white

margin preference

porc to margin lingual band

porc butt margin 360 butt margin

fine metal collar - labial

ALL METAL

full gold crown inlay _____ onlay _____ cast post & core

ZIRCONIA

PFZ - porcelain fused to zirconia FCZ - full contour crown

ALL CERAMIC

prep design

veneer inlay

crown onlay

material preference

IPS Empress Esthetic IPS e.max Press IPS e.max CAD

NOTE - stump shade required for All Ceramic restrictions _____
stump shade

IMPLANTS

crown design

PFM screw retained

FGC cemented

zirconia

abutment type

zirconia brand _____

cast abutment platform size _____

depth of tissue below margin _____ mm

ADDITIONAL PREFERENCES

occlusion

porcelain positive contact foil relief _____

metal out of occlusion cusp / fossa

contacts

broad open _____ mm

point normal

lateral excursions

group function

cuspid guidance

pontic design

harmony cone ovate hygienic ridge lap

_____ mm

_____ mm