

### 1. Date Due

NOTE: Due date is one day before patient's next appointment

### 2. Work Authorization

Doctor \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_  Male  Female

### 3. Tooth Number(s)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

### 4. Restoration Type

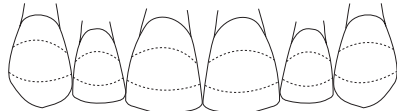
- |  |  |   |
|--|--|---|
| <input type="radio"/> PFM (Base Metal)             | <input type="radio"/> Full Gold Crown (74%)    | <input type="radio"/> Emax™ (Crown)       |
| <input type="radio"/> PFM (Tallite)                | <input type="radio"/> CAPTEK™                  | <input type="radio"/> ZIRPRESS™ (Crown)   |
| <input type="radio"/> PFM (Semi-Precious)          | <input type="radio"/> BIO 2000™                | <input type="radio"/> CERCON™             |
| <input type="radio"/> PFM (High Noble Yellow Gold) | <input type="radio"/> Empress® (Crown)         | <input type="radio"/> PROCERA™ (Alumina)  |
| <input type="radio"/> PFM (High Noble White Gold)  | <input type="radio"/> Empress® (Veneer)        | <input type="radio"/> PROCERA™ (Zirconia) |
| <input type="radio"/> Full Gold Crown (54%)        | <input type="radio"/> Empress® (Inlay / Onlay) | <input type="radio"/> ORIGIN™ (Zirconia)  |

Other Restorations \_\_\_\_\_ Implant \_\_\_\_\_ Specify Type \_\_\_\_\_

Intrinsic technique, exclusively offered by Prestige Dental Lab, is internally and externally stained and layered for optimal esthetic results.

### 5. Tooth Shade & Characteristics

Overall shade: \_\_\_\_\_  
Cervical shade: \_\_\_\_\_  
Middle shade: \_\_\_\_\_  
Incisal shade: \_\_\_\_\_  
Stump shade: \_\_\_\_\_



- |  |  |
|--|--|
| <b>Occlusal Stain</b>                      | <b>Hypo-Calcification</b>                  |
| <input type="radio"/> None <b>Standard</b> | <input type="radio"/> None <b>Standard</b> |
| <input type="radio"/> Light                | <input type="radio"/> Light                |
| <input type="radio"/> Medium               | <input type="radio"/> Medium               |
| <input type="radio"/> Dark                 | <input type="radio"/> Heavy                |

Midline Shift R \_\_\_\_\_ mm L \_\_\_\_\_ mm

Length of Centrals \_\_\_\_\_ mm (from Cervical margin)

LVI Smile Catalog selection \_\_\_\_\_

Texture: Smooth Medium Rough  
**Standard**

LVI  
Required Data

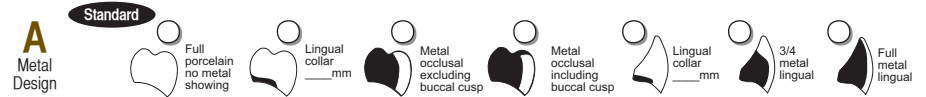
### 6. Occlusal Clearance

- In Occlusion **Standard**  
 Out of Occlusion  
 Foil Relief

### 7. Insufficient Room

- Reduce and Mark  
 Please Call  
 Reduction Coping

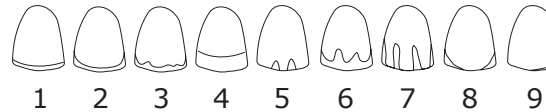
### 8. Case Design (Study model required for anterior cases)



- B** Margin / Pontic Design
- Porcelain Labial Butt Margin  
 Metal Margin \_\_\_\_\_ mm  
 360° Porcelain Margin



### 9. Tooth Translucency



Enter number of tooth translucency type in box to left.

### 10. Removable Prosthodontics

#### REMOVABLES

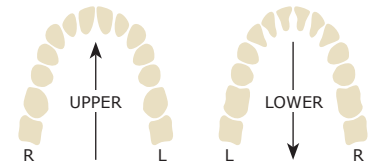
- Full Denture  
 Partial Framework  
 Acrylic Partial  
 Orthodontic  
 Flipper  
 Reline  
 Repair  
 Other \_\_\_\_\_

#### SPLINTS

- Orthotic (Neuromuscular)  
 Bruxism Appliance  
 Surgical Stint  
 Other \_\_\_\_\_

Shade \_\_\_\_\_

Instructions \_\_\_\_\_



### 11. Special Instructions

#### Have you included the following?

- Impressions  Bite  Opposing  Shade  Pre-Op Model  Photos

#### Please Send:

- Rx's  Airbills  Boxes  Call me before proceeding with case  
 Please evaluate my preps and impressions

Doctor agrees to pay account in full within 30 days of statement. Doctor agrees to pay 2% service charge per month on any past due balance plus cost of collection and reasonable attorney fees.

Doctor's License No. \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature \_\_\_\_\_