

Done Once. Done Right.

Today's Date: _____ Due Date: _____ Appt. Time: _____

Patient Name: _____

Doctor Name: _____

Age/DOB: _____ Sex: M / F

This information used in design consideration

Are Photos Included? YES - NO

Choose One: [Printed](#) - [Email](#) - [Text](#)

ZIRCONIA RESTORATIONS:

(Choose All That Apply)

- ☐ PFZ (Porc/Fused to Zirconia)
- ☐ MLZ (Multilayer Solid Zirconia)
- ☐ Screw Retained Implant
- ☐ Cement Retained Implant

Framework Try-In? YES - NO - IF NEEDED

Use Pink Porcelain? YES - NO - IF NEEDED

ALL CERAMIC RESTORATIONS:

- ☐ Porc. Fused to Emax Substrate
- ☐ Monolithic Emax (stainable)

FULL CAST RESTORATIONS:

- ☐ Milled High-Gold Alloy

LENGTH OF CENTRALS:

mm (from margin)

MIDLINE SHIFT:

R _____ mm L _____ mm

— LAB USE ONLY —

ENCLOSED:

- ☐ Triple-Tray Impression
- ☐ Single Sided Impression
- ☐ Opposing Impression
- ☐ Pre-Op Impression
- ☐ Bite Registration
- ☐ Opposing Model
- ☐ Study Model
- ☐ Partial/Denture
- ☐ Photo(s)
- ☐ Shade Tab
- ☐ Analog(s)
- ☐ Impression Post
- ☐ Other: _____
- ☐ Other: _____

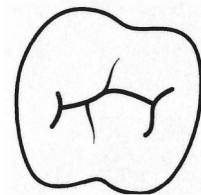
SHADE SELECTION

Shade:_____

Stump/Prep Shade: _____

Translucency: Light - Medium - Heavy

Value: High (bright) - Medium - Low



Occlusal Stain: None - Light - Medium - Dark

Hypocalcification: Light - Medium - Heavy

INSTRUCTIONS: _____

PLEASE SEND

- ☐ Rx Pads
- ☐ Boxes

IF INSUFFICIENT ROOM:

- ☐ Reduce Opposing & Mark
- ☐ Email/Text Photo
- ☐ Please Call Office

PONTIC DESIGN (circle one)



Dentist Signature (required)

License # (required)

The person signing this authorization form accepts sole responsibility for payment and agrees to pay legal and collection costs in the event of a suit, including reasonable fees.