



DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_ AGE \_\_\_\_\_

DUE DATE \_\_\_\_\_ by 5:00 p.m. SHADE STUMP \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

R	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

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**RESTORATION TYPE**

- Crown
- Veneer
- Bridge
- Inlay/Onlay
- Post & Core

**METAL / PORCELAIN**

- Full Porcelain Coverage
- Buccal Coverage Only
- Full Cast
- Captek

**ALLOY TYPE**

- Yellow High Noble
- White High Noble
- Non - Precious
- White Noble

**MARGIN/COLLAR**

- Ling. Collar
- Dot
- Full Metal Band
- Porcelain Margin
- 360 Porcelain Margin

**ALL CERAMIC**

- Zirconia
- EZR
- e.max

**CONTACTS**

- Light
- Medium
- Heavy-Scrape Cast

**OCCUSION**

- Out
- Slightly Out
- Heavy-Touch Opposing

**MISCELLANEOUS**

- Provisional
- Diagnostic Wax-Up
- Implant Stent
- Survey for P.D.

**PONTIC DESIGN**

- Modified Ridge Lap
- Ovate Pontic
- Sanitary

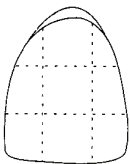
**\* NO CLEARANCE \***

- Metal Occlusal
- Adjust Opposing
- Relieve Prep
- Reduction Coping
- Call Dr.

**INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dr. Signature** \_\_\_\_\_ **License #** \_\_\_\_\_

**ADVANCED LAYERING / COSMETIC COMMUNICATION**



**SHADE**

Incisal \_\_\_\_\_ Body \_\_\_\_\_  
Cervical \_\_\_\_\_ Dentin \_\_\_\_\_

**QUICK CHECK - Have You Included:**

- Pre-Op
- Opposing
- Temp Model
- Bite Registration
- Stick Bite / Symmetry Bite
- Diagnostic Wax-up
- Desired Finished Length of Centrals
- Photo With Symmetry Bite
- Photos -Retracted, Full Face, W/Shade Tab

**OCCUSAL STAIN:**

- Yellow
- Brown
- Ochre
- None

- Incisal Translucency  Light  Medium  Heavy  Incisal Halo
- Surface Anatomy  Smooth  Medium  Heavy  Blend to Dentin
- Incisal Edge  Flat  Characterize  Mammalon Developments

- SHAPE:** Esthetic Composition  Basic  Soft  Strong  
 Match Photo  Match Enclosed Model