

IMAGE DENTAL ARTS

the art of perfection

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 imagedental@imagedentalarts.net

DATE _____

DR _____ ASSISTANT _____

ADDRESS _____ CITY/STATE _____

PATIENTS NAME _____ MALE _____ FEMALE _____

DUE DATE _____ by 5:00 p.m. AGE _____

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

Restoration Type

- Crown Bridge Veneer Inlay Post And Core Diagnostic Wax-Up

Crown Type

- Full Contour Zirconia _____
 Full Contour Translucent Zirconia _____
 PFZ (Porcelain Fused To Zirconia-Layered) _____
 Lithium Disilicate (e.max) _____
 PFM (buccal coverage only) _____
 PFM (full porcelain coverage) _____
 Full Cast _____ Artist Touch - The most vibrant and lifelike aesthetic restorative option
 Temporary _____

PLEASE SEND:

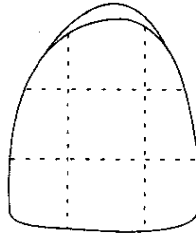
- RX FORMS
 BOXES
 RETURN LABELS

Alloy Type

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

SHADE _____

STUMP SHADE _____



PREFERENCES

Occlusion

- Out
 Slightly Out (Light Touch)
 Heavy (Contact Opposing)

Contacts

- Light
 Medium
 Heavy (Scrape Cast)

Margin Design

- Lingual Collar
 Porcelain Margin
 Full Metal Band
 360 Porcelain Margin

If Insufficient Room

- Reduce Prep
 Metal Occlusal
 Reduce Opposing
 Metal Occlusal Island

Implant

Brand _____
 Size _____

Abutment Type

- Zirconia
 Titanium

Occlusal Stain

- Yes No

PONTIC DESIGN



Sanitary



Ridge Lap



Ovate Pontic



Modified

Notes _____

Call Dr. _____

Photo Sent _____

Signature _____ License # _____

| LAB USE ONLY | |
|--------------|-------|
| Model | _____ |
| D-Trim | _____ |
| Scan | _____ |
| Dsr-Mill | _____ |
| Prep | _____ |
| OP/Plm | _____ |
| Bld | _____ |
| Ctr | _____ |
| Stn/Glz | _____ |
| Pol | _____ |
| QC | _____ |

