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DATE SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ DUE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD YY

DOCTOR'S NAME (PLEASE PRINT)

DOCTOR'S ADDRESS

CITY STATE ZIP PHONE

PATIENT NAME M/F SEX AGE

## ★ PORCELAIN FUSED TO METAL

### › ALLOY SELECTION:

- High Noble (White Precious)       High Noble (Yellow Precious)  
 Noble (White Semi-Precious)       Base (White None-Precious)

### › MARGIN DESIGN:

- Metal Band on Buccal:  Hair Line    1mm    2mm    No Metal Exposed  
 Metal Band on Lingual:  Hair Line    1mm    2mm    No Metal Exposed  
 Porcelain Butt Joint:  180    360   on Tooth #s: \_\_\_\_\_

### › METAL OCCLUSION: (PLEASE CIRCLE ONE)



### › PONTIC DESIGN: (PLEASE CIRCLE ONE)



## ★ ALL CERAMICS

### E-MAX

- Porcelain Layered  
 Monolithic

### ZIRCONIA

- Porcelain Layered  
 Monolithic

### EMPRESS

- Porcelain Layered  
 Monolithic

Feldspathic

## ★ FULL CAST RESTORATIONS

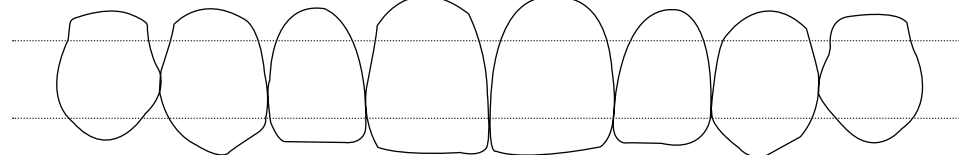
- Type II, High Noble       Type III, High Noble (JCB 62%AU)\*  
 Type III, White Noble       Cast Post & Core

## ★ SHADING CHART

SHADE DESIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_

SHADE OF PREPARED TEETH: \_\_\_\_/\_\_\_\_/\_\_\_\_

### › CHARACTERIZATION: (PLEASE CHECK THE BOX & SKETCH CUSTOM CHARACTERIZATION ON THE DRAWING BELOW)



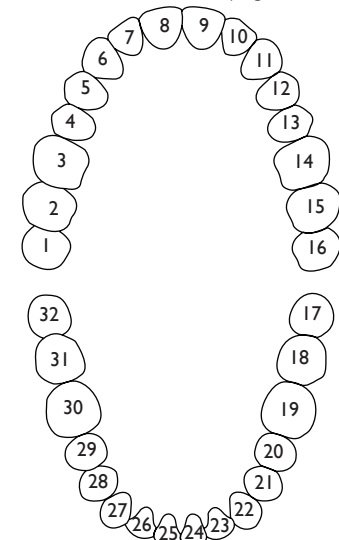
- › SURFACE ANATOMY:  Smooth    Textured    Match Existing\*  
 › OCCLUSAL STAIN:  None    Light\*    Medium    Dark  
 I will e-mail digital picture files to [jeremycdt@gmail.com](mailto:jeremycdt@gmail.com) or [info@starestheticdentalstudio.com](mailto:info@starestheticdentalstudio.com)

## ★ CASE INSTRUCTION

### › FINISH STAGE: Framework Try-in   Bisque Bake   Finish\*

### › IF INSUFFICIENT OCCLUSAL CLEARANCE:

- Metal Occlusion    Metal Island    Reduce and Mark\*    Reduction Coping



› SIGNATURE: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

\*Standard Unless Specified Otherwise