



DATE SENT: ____/____/____ DUE DATE: ____/____/____
MM DD YY MM DD YY

DOCTOR'S NAME (PLEASE PRINT) _____

DOCTOR'S ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PATIENT NAME _____ SEX M/F 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

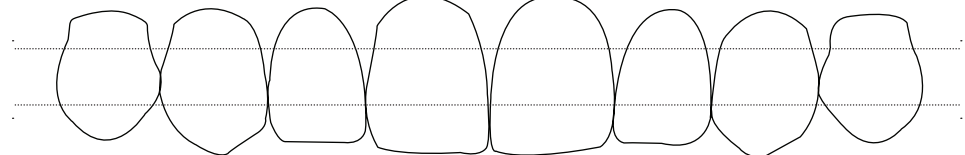
- Type II, High Noble
- Type III, High Noble (JCB 62%AU)*
- Type III, White Noble
- Cast Post & Core

★ SHADING CHART

SHADE DESIRED: ____/____/____
CERVICAL BODY INCISOR

SHADE OF PREPARED TEETH: ____/____/____
CERVICAL BODY INCISOR

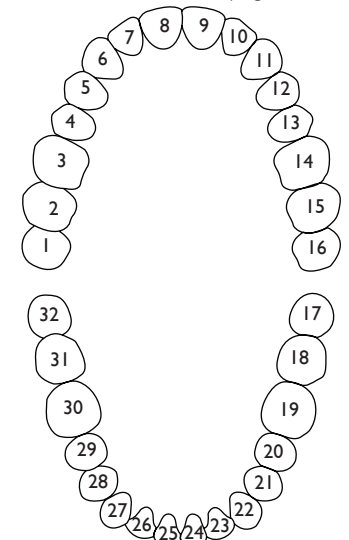
› CHARACTERIZATION: (PLEASE CHECK THE BOX & SKETCH CUSTOM CHARACTERIZATION ON THE DRAWING BELOW)



- › SURFACE ANATOMY: Smooth Textured Match Existing*
- › OCCLUSAL STAIN: None Light* Medium Dark
- I will e-mail digital picture files to jeremycdt@gmail.com or 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