

DOCTOR	LICENSE	NO	DATE D	UE	LAB	USE ONLY	
PATIENT'S NAME	1	M			CASE NO.		
STREET					NOTICE SENT	SHIP DATE	
CITY, STATE/COUNTRY, ZIP				CASE REQ	UIREMENTS	5	
	TELEPHONE		Basic Shade:	Core Sha	de:	Shade Guide Us	ed:
EMAIL ADDRESS			Cervical Shade				
Please construct and deliver the den	tal restoration described here.					Incisal Sha	de
SPEC	CIFIC RESTORATIVE MAT	ERIALS	Cervical Warming	: □.5mm □] Imm □ Ot	her	
ALL-CERAMIC	FULL CAST CROWN(S)	OTHER MATERIALS		Broad	Normal	Poin	t
Lithium Disilicate: ☐ e.max [®]	☐ High Noble (yellow)	☐ Indirect Composite	Contacts:				Ý
Zirconia:	☐ High Noble (white)	☐ Provisionals	Contacts: (Embrasures)				Λ
☐ High Strength (I200 MPa) Strongest, no gradient or translucency	□ Noble (yellow)	☐ Snowcaps ☐ Appliance					
☐ High Strength MultiLayer Strong, gradient & translucency	☐ Noble (white)	(splint therapy) ☐ Nightguards		DESIGN PR	EFERENCES	5	
☐ Esthetic Highest translucency		□ Hard □ Hard/Soft	☐ Sanitary (off	the ridge)	\bigcap \square Ridge	Lap	
☐ Esthetic MultiLayer Gradient & translucency		☐ BleachingTray (s)	Д □ Ovate Pont	ic	∏ □ Modifi	ed	
ELITE	CHARACTERIZATION G	UIDE	SUGGESTE	D FOR ANT	ERIOR OR L	ARGE CASES	
IncisalTranslucency: ☐ Heavy ☐ Medium (standard) ☐ Light ☐ None			☐ Full-Arch Impress	sion 🗆 Bite	Registration	☐ Adjusted Temp	s
Surface Texture:	☐ AACD Series Pho	otos 🗆 Pre-0	Op model(s)	☐ Photo of Temp	s		
Occlusal Anatomy: Primary Secondary			☐ Marked Cast Model Indicating Tissue Recontouring				

 \Box Diagnostic White Wax-Up

SMILE DESIGN (Recomendations I	For Anterior Cases)
Desired: Central Width:	mm
Central Length:	mm
Smile Selection: ☐ Natural ☐ Sof	tened Enhanced
☐ Hollywood ☐ Otl	
☐ Stick-Bite ☐ Facebow	
ABUTMENT PREFERE	
Abutment Emergence: ☐ Full ☐ St	
Do you have a laser for contouring tissu	
Implant System:	Size:
Abutment Material: ☐ Titanium ☐ Ceramic ☐ Gold Hu	ıe □ TiZir Hybrid
Margin Depth: F/B: M:	D: L:
Milling: 🗆 Brand Name:	
☐ Economy (3rd party)	
SPECIAL INSTRUCT	IONS
May we adjust opposing if necessary?	☐ Yes ☐ No
May we adjust preps if necessary?	☐ Yes ☐ No
May we adjust the draw if necessary?	☐ Yes ☐ No
Opposing to be restored in the future?	☐ Yes ☐ No
NOTES:	



SHIPPING GUIDELINES

PRODUCT	DAYS*
Composites	5 days
Provisionals	I0 days
DiagnosticWax-Ups	7 days

PRODUCT	DAYS*	
General Implant Cases		
>II Units	Lab will call after evaluation.	
Combination Cases		
Other Fixed Products		

CROWN & BRIDGE		
I-2 Units	3-10 Units	
I0 days*	I5 days*	

*days = Working days only. Does not include weekends, holidays, or shipping days.

SPECIAL INSTRUCTIONS

LAB USE ONLY				
Date In By	Date Out By			
INVENTORY IN	INVENTORY OUT			
Impression:	Crowns:			
Bite:				
Upper / Lower Model: // //	_			
Wax-Up Model:				
Dies:	_			
Pontics:				
SoftTissue:				
Photographs:				
Matrix:				
Other:				
Please specify number of crown/bridge units Crowns: Reduction Coping:				
Articulator:	_			
Articulator, Box / Plates: // //				
Face Bow:				
Transfer Stand / Bite Fork: // //				
Implant Parts:				
Surgical Stent:				
Attachment:				
Denture:	_			
Hadar Bar:				
Partial:				
Custom Tray:	-			
Implant Tools:	_			
Duralay Post:Shade Map:Shade Stump:				
Shade Tap:				