

Patient Name _____
Sex M / F Age _____ Shade _____
Return Date _____

Dr. Name _____
Dr. Address _____
Dr. Phone _____

Removable Prosthetics

- Custom Tray Upper
- Occlusal Rim Lower
- Setup Ideal
- Try In Characterized
- Reset Case Process & Finish

Tooth Selection

- Standard Dentsply "Classic"

Custom Teeth upon request

- Dentsply Vita
- Ivoclar Other

Please Specify

- Posterior 0* 10* 20* 33*

Partial Denture

- Chrome Cobalt Vitallium Valplast
- Major Connector
 - Maxillary Mandibular
 - Lab Select Lab Select
 - Palatal Strap Lingual Bar
 - Horseshoe Lingual Plate
 - Double Strap Cingulum Bar

Rest Areas

- Lab Select # _____
- Mesial # _____
- Distal # _____
- Cingulum # _____
- Inverted # _____

Please Enclose the Following

- Midline Marked Study Models
- High Lip Line Opposing Model
- Proper Lip Support AACD Photos

Rx: Specific Instructions:

Fixed Prosthetics / Implants

- PF Au Zirconia Alumina
- PFSP Lava Empress Crown
- PFNP Captek Empress Veneer
- Emax Press over Zirconia

Implant Type Abutment Type

- Nobel Biocare Zirconia
- Zimmer Titanium
- 3 I / Biomet Gold
- Other _____

Platform Size Dia. _____

Healing Cap Dia. _____

Return for

- Metal Try In Bisque Try In
- Finish

Occlusal Staining

- None Light Medium Dark

Occlusal Clearance

- Out of Occlusion In Occlusion
- Reduce / Mark Opposing
- Metal Occlusion

Margin Design

- All Porc Margin (Butt Joint)
- Show no Metal
- Metal Collar- Buccal
- Metal Collar - Lingual Only

Doctor Signature _____

D.D.S. License# _____

