

Doctor Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_  am  pm Case Pan # \_\_\_\_\_

For internal use only

Dr. to Take Pickup Impression  Dr. to Mount Case  Please Call (\_\_\_\_\_) \_\_\_\_\_

Always include Surgical Report for implant size and dimension info

Bill case to: \_\_\_\_\_

Deliver case to: \_\_\_\_\_

Scan completed by: \_\_\_\_\_

### All-Ceramic

- ZirFit Solid Zirconia
- ZirFit HT Solid Zirconia
- Fuzion Layered Zirconia
- IPS e.max Esthetic Layered
- IPS e.max Enhanced Stained

### Metal Alloy

#### PFM

- Premium HN-Yellow 90% Au
- Regular HN-White 40% Au
- Silver Palladium
- Full-Gold
- Premium 75% Au
- Select 60% Au
- Regular 46% Au
- Y+ Gold Crown 2% Au

### Implant

- Cement Retained
- Screw Retained

### Abutment

- Implant Complete
- Atlantis
- Biomet 3i
- Straumann
- Nobel Biocare
- Ankylos
- Custom Cast Abutment
- Stock Abutment
- Other \_\_\_\_\_

### Abutment Material

- Zirconia
- Titanium
- Gold Hue (Atlantis Only)

### Additional Products

- Nightguard
- Radica Provisional
- Diagnostic Wax-Up
- Rhino Sportsguard 1 Layer
- Rhino Sportsguard 2 Layer
- Rhino Sportsguard 3 Layer

### Incoming Checklist

- Digital File
- Pictures Emailed
- Pictures Included
- Flash Drive
- Implant Abutment
- Implant Screw
- Impression
- Opposing
- Wax Bite
- P.V.S. Bite
- Stick Bite
- Slides
- Old Crown
- Study Models
- Old Models
- Face Bow
- Articulator
- Provisional

### Shade Instructions

- Custom Shade (*Call to schedule custom shade appointment*)
- Doctor Shade

### Porcelain Shade:

- Ivoclar \_\_\_\_\_
- VITA \_\_\_\_\_

### Occlusal Stain:

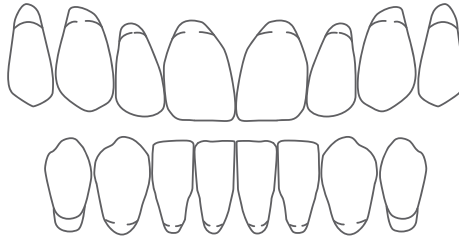
- None  Light  Medium  Dark

### Dentin Shade (Old Guide):

- ST1  ST2  ST3  ST4
- ST5  ST6  ST7
- ST8  ST9

### Dentin Shade (New Guide):

- ND1  ND2  ND3  ND4
- ND5  ND6  ND7
- ND8  ND9



### Design Instructions

#### Posteriors

- Metal Coping » All Porcelain Coverage
- Metal Coping » All Porcelain Coverage
- Metal Occlusal » Excluding Buccal Cusp
- Metal Occlusal » Including Buccal Cusp
- Metal Margin \_\_\_\_\_ mm

#### Anteriors

- Metal Coping »
- Metal Collar »
- Metal Lingual »
- Metal Lingual »
- Porcelain Margin

### Pontics

- 
- 
- 
- 

### If No Occlusal Clearance

- Metal Occlusal
- Reduction Coping
- Spot Opposing

### Additional Instructions

Signing this work authorization indicates that you agree to abide by the following conditions: 1) All invoices for work performed are due and payable within 30 days. 2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days. 3) In the event that legal action becomes necessary, you agree to pay all collection and attorney fees involved in the collection of the debt.

Signature: \_\_\_\_\_ Lic. # \_\_\_\_\_

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### Dentures

- |   |  |
|---|--|
| <input type="checkbox"/> CDA Denture            | <input type="checkbox"/> Bite Block      |
| <input type="checkbox"/> Hypoallergenic Denture | <input type="checkbox"/> Reline          |
| <input type="checkbox"/> Softliner              | <input type="checkbox"/> Rebase          |
| <input type="checkbox"/> Immediate Denture      | <input type="checkbox"/> Repair          |
| <input type="checkbox"/> Duplicate Denture      | <input type="checkbox"/> Name in Denture |
| <input type="checkbox"/> Custom Tray            |  |

### Partial Dentures

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> CDA Vitallium Partial | <b>Attachments</b>                   |
| <input type="checkbox"/> Flexible Partial      | <input type="checkbox"/> ERA         |
| <input type="checkbox"/> Unilateral RPD/Nesbit | <input type="checkbox"/> Locator     |
| <input type="checkbox"/> Flipper/Stayplate     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flexible Clasps       |                                      |
| <input type="checkbox"/> Name in Partial       |                                      |

### Implant Dentures

- |  |   |
|--|---|
| <input type="checkbox"/> Nobel Biocare All-on-4®       | <input type="checkbox"/> Surgical Guide       |
| <input type="checkbox"/> Atlantis Conus                | <input type="checkbox"/> Verification Jig     |
| <input type="checkbox"/> Screw Retained Acrylic Hybrid | <input type="checkbox"/> Bone Reduction Guide |
| <input type="checkbox"/> Overdenture with Locator Bar  | <input type="checkbox"/> Provisional Denture  |
| <input type="checkbox"/> Overdenture with Attachments  |   |

### Nightguards and Therapy

- |   |  |
|---|--|
| <b>Thermoform</b>                                     | <b>Heat Cured</b>                        |
| <input type="checkbox"/> Hard/Soft Nightguard         | <input type="checkbox"/> Hard Nightguard |
| <input type="checkbox"/> Hard Nightguard              | <input type="checkbox"/> TMJ Splint      |
| <input type="checkbox"/> Soft Nightguard              |  |
| <input type="checkbox"/> Clear/Splint Flexible Astron |  |
| <input type="checkbox"/> Clear Retainer               |  |
| <input type="checkbox"/> Bleach Tray                  |  |
| <input type="checkbox"/> Essex Retainer               |  |

### New Denture Instructions

**Tooth Shade:** \_\_\_\_\_

#### Mold

- Anterior \_\_\_\_\_  
 Posterior \_\_\_\_\_  
 Degree \_\_\_\_\_

#### Denture Base Color

- US-L  US-P  US-D  Pref.  Implant  Clear

#### Anterior Aesthetic Requirements

- Ideal  Copy Study Model  Characterized  Diastema(s)  
 Photos  See Additional Instructions

#### Patients Facial Shape

- Ovoid  Square  Tapering

#### Posterior Functional Requirements

- Class 1 (Ideal)  Class 2 (Retrognathic)  Class 3 (Prognathic)

**The patient has had their denture(s) for \_\_\_\_\_ years.**

- Papillameter Reading \_\_\_\_\_  
 Alammeter Reading \_\_\_\_\_

**What does the patient like about their current denture(s)?**

**What does the patient dislike about their current denture(s)?**

### Additional Instructions

**Go to Finish**

### Partial Design

#### If No Occlusal Clearance

- Metal Occlusal  Spot Opposing for Rest Seat

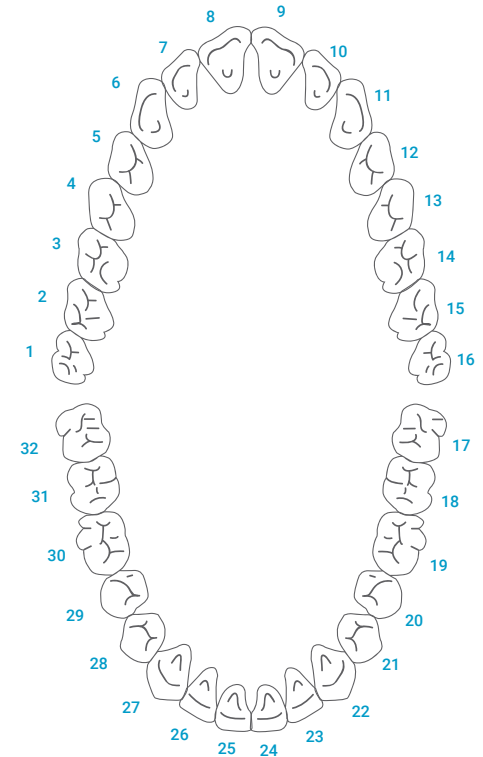
**Rest Seat # (s)** \_\_\_\_\_

#### Major Connector

- Lab Select  
 Horseshoe  
 Open Horseshoe  
 Palatal Strap  
 A-P Palatal Strap  
 Lingual Bar  
 Lingual w/Kennedy Bar  
 Lingual Plate  
 Labial Bar

#### Clasps

- Lab Select  
 I-Bar  
 C-Clasp  
 T-Bar  
 Ring Clasp  
 Half-and-Half Clasp  
 Multiple Circumferential



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