

DENTIST

PRACTICE / SURGERY

PATIENT

APPOINTMENT DATE / TIME

DATE SENT

RETURN DATE

☐ Rush / express ☐ Digital case

(not the date of fit)

WORK REQUIRED

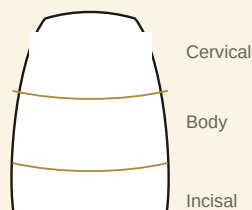
- | | | |
|--|---|---|
| ☐ Crown | ☐ Bridge | ☐ Veneers |
| ☐ Implant crown | ☐ Implant bridge | ☐ Full arch / All-on-X |
| ☐ Full mouth rehabilitation | ☐ Digital smile design | ☐ Other |

TEETH Tick each tooth involved

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

SHADE

Write the shade on the tooth



STUMP SHADE

☐ Custom shade in lab

MATERIAL

- ☐ Zirconia
☐ Zirconia layered
☐ Lithium disilicate
☐ Lithium disilicate layered
☐ Porcelain bonded
☐ Gold
☐ PMMA (temporary)

IMPLANT WORK

- ☐ Screw retained
☐ Cement retained
☐ Zirconia with titanium bar
☐ PMMA with titanium bar

BRAND / MAKE

SIZE / PLATFORM

ITEMS ENCLOSED

- ☐ Study models
☐ Alginate
☐ Master impressions
☐ Bite registration
☐ Facebook
☐ Photos
☐ Analogs
☐ Implant components
☐ Digital files sent

SENT AS ☐ Digital scan ☐ Impression ☐ Please send design for approval before milling

INSTRUCTIONS

PRESCRIBER SIGNATURE

DATE