

Case Notes: _____

Send Photos to: photos@precisiondentalarts.com

Materials Sent: Impression(s) Bite Record Study Models Opposing Model
 Shade Tab Photos / Card E-mail X-rays Dicom Data
 Implant Analog Implant Abutment(s) Intra – Oral Scan

Scan Bodies Used: _____

Lab Please Call to Discuss Overall Case Materials Esthetics Occlusion Other: _____
Please Send Boxes Prescriptions

Diagnostic Wax-Up

Total # Units: _____
 Veneer Teeth #'s: _____
 Crown Teeth #'s: _____
 Onlay-Veneer #'s: _____
 Posterior-Teeth #'s: _____
 Duplicate Silicone Index Copyplast

Provisional Restorations

Total # Units: _____
 Crown Tooth #'s: _____

Anterior Restorations

Total # Units: _____
 Layered Tooth #'s: _____
 Stained Only Tooth #'s: _____

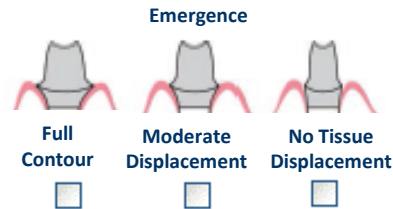
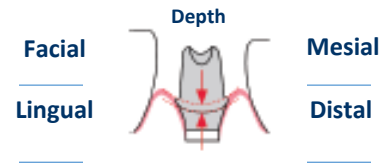
Posterior Restorations

Total # Units: _____
 Layered Tooth #'s: _____
 Stained Only Tooth #'s: _____

Bridge Pontic Design

Ovate Adjust Ridge Accordingly
 Ridge Lap No Ridge Adjustments

Abutment Margin Design



Abutment Surface
 Micro – Etched _____ Polished _____

Margin Type
 Shoulder _____ Chamfer _____
 Depth _____ mm

Doctor Name: _____ Date: _____

Signature: _____

License #: _____ Phone: () _____ - _____

City: _____ State: _____ Zip: _____ Due Date: _____

Email: _____ Preferred Communication: Email Phone

Patient Name: _____

Male Female Age: _____

Adjacent Restorations Present Yes ___ No ___

Adjacent Tooth #'s Restored: _____

Restorative Material Used: _____

Implants placed by:

Implant Brand: _____
 Implant Sizes: _____
 Implant Site #'s: _____

Abutment Preferred

Technicians Preference Y ___ N ___

USE OEM PARTS ONLY Y ___ N ___

Stock: Titanium ___ Zirconia ___
 Custom: Cast ___ Titanium ___ Zirconia ___
 Milled: Titanium ___ Shaded Titanium ___
 Hybrid: Pressed with Ti Interface ___
 Milled Zirconia with Ti Interface ___
 One Piece Screw Retained _____

___ Make Custom Incisal Guide Table From:
Pre_Op Casts Provisional Casts

___ Develop Anterior Guidance (Cuspid)

___ Develop Group Function

___ Open Vertical Dimension by _____ mm

IF NOT ENOUGH RESTORATIVE ROOM

___ Adjust Opposing Teeth ___ Adjust Preparation

Pre-Op Shade: _____

Requested Shade: _____

Prep Shade: _____

All teeth same color and value Pt. Bleaching

Gradient of color Occl. Stain

Shade Diagram



Technicians Preference Y ___ N ___

Metal Ceramic (PFM)

Tooth #'s: _____

Alloy Selection:

High Noble White Yellow
 Noble White

Metal-Ceramic Junction: _____ mm

Metal Lingual Collar Only 360° Metal Margin

Porcelain Butt Margin: Y ___ N ___

All Ceramic

Tooth #'s: _____

Empress E-Max

Full Contour Zirconia Layered Zirconia

Enamic Feldspathic

Full Cast Crown/Onlay

Tooth #'s: _____

Lab use only: Alloy _____ Weight _____ dwt Ingot _____ CAM _____ Pre-Scheduled Yes ___ No ___ Waranted Yes ___ No ___ Code _____ YZ _____ 2⁰ _____

INSERT PHOTOS BELOW

INSERT CASE NOTES BELOW

