

Doctor's Name \_\_\_\_\_

Office Name \_\_\_\_\_

Patient's Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Seat Date: \_\_\_\_\_

Turnaround Time: *contact lab for all cases faster than standard turnaround*

## Standard Restoration

- Full Contour Zirconia       Diagnostic Wax-up  
 HT Zirconia (Aesthetic)       Temp Matrix  
 Lithium Disilicate      **1 week turnaround - Posterior 1-3 units**  
**2 week turnaround - Anterior & Posterior 4+ units**

## Implant

- Required: System \_\_\_\_\_ Size \_\_\_\_\_
- Screw-Retained Abutment       Custom Titanium Abutment  
 Cement-Retained Abutment       Custom Zirconia Abutment  
**2 week turnaround**      **3 week turnaround**

## Specific Instructions:

## Signature Smile Design

Required: Full arch impression, bite registration and **PHOTOS** (repose, eyebrow to chin, smile shot, shade shot).

- Full Contour Zirconia       Zirconia w/ Layered Porcelain  
 HT Zirconia (Aesthetic)       Lithium Disilicate w/ Layered Porcelain  
 Lithium Disilicate       Diagnostic Wax-up  
**2 week turnaround**       Temp Matrix Included  
**2 week turnaround for Wax-up**

## Implant

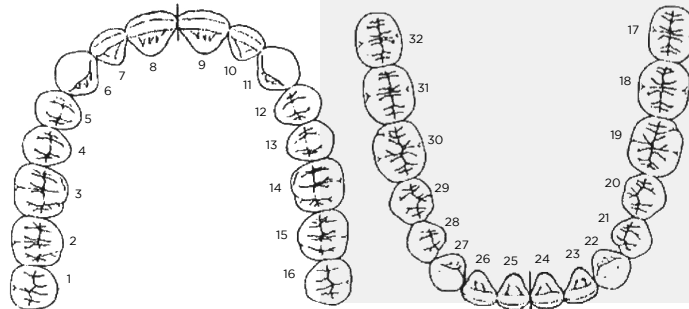
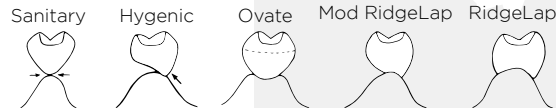
- Required: System \_\_\_\_\_ Size \_\_\_\_\_
- Screw-Retained Abutment       Custom Titanium Abutment  
 Cement-Retained Abutment       Custom Zirconia Abutment  
**2 week turnaround**      **3 week turnaround**

Age \_\_\_\_\_ Ethnicity  White       Native American or American Indian  
 Hispanic or Latino       Asian / Pacific Islander  
Gender \_\_\_\_\_  Black or African American       Other

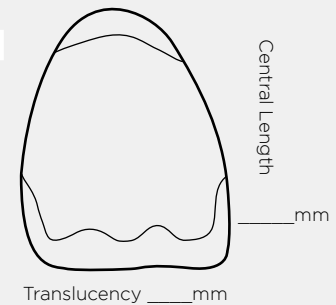
<p>OCCLUSAL CONTACT</p> <input type="checkbox"/> In Occlusion <input type="checkbox"/> Light Occlusion <input type="checkbox"/> Out of Occlusion	<p>CROWN NUMBER(S)</p>	<p>TOOTH SHADE</p>
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## Specific Instructions:

### Pontic Design



Central Width \_\_\_\_\_mm



Required: For **remakes**, return the following- original impression, original model and die, original crowns, and reason.

Signature \_\_\_\_\_ License # \_\_\_\_\_