



COSMETICS/ IMPLANTS/ REMOVABLE

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PRECISION DENTAL ARTS

Doctor _____

Patient _____

Month	Date	Hour
		AM
		PM

Date _____ Age _____ Male Female

Tooth No.: _____

ALL ANTERIOR CASES MUST HAVE: PHOTOS

TYPE OF RESTORATION

- E-Max Press (Cutback and Layered)
- E-Max Press (Monolithic)
- Porcelain to Zirconia
- Bruxzir (Full Countour)
- Bruxzir w/ porc facial
- Empress Esthetic
- Feldspathic (Refractory)
- Porcelain to Metal (PFM)
- Non-Precious

ALLOY PREFERENCE

- Noble White
- Noble Titanium
- Non-Precious

GOLD

- 50%
- 56%
- 60%

MARGINS

- Porcelain Buccal
- 360° Porcelain
- Thin Metal 360°
- Metal Lingual Collar
- Show No Metal

COMPOSITE

- Sinfony

CUSTOM COSMETICS

- ALIGNMENT OF ANTERIORS: Ideal Natural Slight Lapping Dark
- OCCLUSAL STAINS: None Light Medium Dark
- SURFACE ANATOMY: Smooth Moderate Textured
- REASON FOR CROWNS: Close Diastema Misalignment Change Shape
- Feminize Lengthen

Mold/Shape of Veneers:

Degree of Opacity: Light Normal Heavy

PHOTOS ENCLOSED

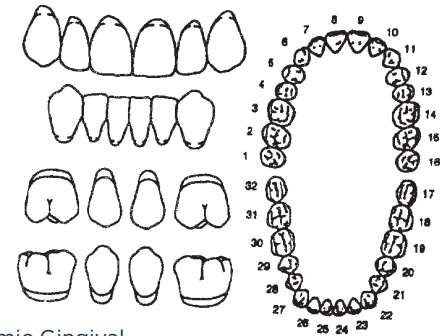
IMPLANTS

Please include impression coping in impression

Brand _____ Type _____
Size _____

STOCK ABUTMENTS:

- Titanium- Stock Zirconia- Stock
- Cad/Cam Titanium Cad/Cam Zirconia
- UCLA UCLA w/opaque
- Montreal Bar- Fixed Acrylic to Titanium Hybrid
- Zurick Bridge- Fixed Emax to Zirconium with Ceramic-Gingival
- Zurick Bridge- Fixed Prettau Full Contour Zirconia
- Free Shape Bar- Overdenture with Milled Titanium Bar and Locators



DENTURES & FLEXIBLE PARTIALS

- Flipper Denture Valplast Dupe denture

- Custom Tray Occlusal rim Wax set-up try-in Finish

Tooth set-up: Ideal Characterized Study model
 Male Female Age _____

Acrylic shade: Original Light Medium Dark

Portrait IPN Teeth

Shade _____ Mould _____

- Premium Brand Teeth (extra charge applies)

Shade _____ Brand _____ Mould _____

NIGHTGUARDS / BITE SPLINTS

- Upper Lower
- Talon (hard/soft)
- Impak (hard/soft)
- Hard
- Gelb
- Pankey
- NTI

METAL PARTIALS

- Chrome Cobalt TCS
- Lab select complete design
- Frame try-in Frame w/occlus. rim
- Frame w/set-up try-in Finish

MAJOR CONNECTOR

- | | |
|-------------------------------------|-------------------------------------|
| Maxillary | Mandibular |
| <input type="checkbox"/> Lab select | <input type="checkbox"/> Lab select |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Rest Areas Tooth

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Lab select | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Clasp Options Tooth

- | | |
|--|-------|
| <input type="checkbox"/> Lab select | _____ |
| <input type="checkbox"/> Metal | _____ |
| <input type="checkbox"/> Estheticclasp | _____ |
| <input type="checkbox"/> Thermoflex | _____ |

- PLEASE SEND:
- Mailing Labels
 - Boxes
 - Prescription Pads

SPECIFIC INSTRUCTIONS:

SIGNATURE: _____ LICENSE NUMBER: _____



To order or plan all of your Surgical Guides, Bone Foundation Guides and Guided Prosthetic Cases visit us at <http://www.precision-dental-arts.com/nsequence.html>