

## **Dental Tech Team**

## COSMETIC PRESCRIPTION

Patient's NAME:		
☐ MALE ☐ FEMALE AGE:		
Doctor Name:		
Address:		
City:State		
Email:		
DELIVER BY 5:00 PM ON:		
Clinical Goals of Case:		
<u> </u>	nge Shape	
	er:	
□ VDO Changes: Please call lab to discuss sequence of treatm	nent planned	
Case Directions:	alais Dr.H. W. W. 11	
☐ Follow Study Models ☐ Follow Wax-up ☐ Occlusal An	· ·	
☐ Length of Centrals ☐ Length o	t Laterals	
Pressed Ceramics:		
Stacked Ceramics:		
□ PFM (Porcelain Fused to Metal) Teeth # □ Metal Collar on Ling / Bucal □ Porc Butt Margin □ 360° l		
	eth #	
and the state of t		
pecial Instructions		
Cerms: Invoice due 15 days from statement date. Linnaid h	palances will be charged 45 days from statement date with C.C. on	
invoice due 15 days from statement date. Cupata o	quency charges not to exceed 1.5%	
Dentist's Signature		
acense #	Date	

Stumpt Shade Cervical Shade Incisal Shade	
SURFACE TEXTURE  HEAVY  MEDIUM  SMOOTH  INCISAL EDGE  MAMMALONS DEVELOPMENTS INCISAL CHARACTERISTICS  HALO  MEDIUM  MEDIUM  MEDIUM	
Centrals	
OK to relieve opposing?   YES   NO   OK to relieve prep?   YES   NO   w/Reduction Coping	
Preferred method of communication:  Phone  E-mail	
Additional Information:	