COMPASS Dental Arts RX	DATE/ 2025	SHADES AND CHARACTERIZATION
Purpose with Direction DUE	E DATE/2025	Occlusal Stain  None Surface Texture Smooth (glossy) Hedium Coarse (highly defractive)
Patients Name		Incisal Translucency Posterior Anatomy
	LE O FEMALE AGE	Fosterior Ariatomy  Full  Primary  Heavy  Stump Shade for e.max ND ST
FIXED RESTORATIONS		Shade photo's can be emailed to COMPASSDENTALARTS.COM
Shade Tooth Number(s)  RESTORATION TYPE	6 7 8 9 10 11 5 12 13 13 14	ITERO DS CORE MEDIT TRIOS  ADDITIONAL INSTRUCTIONS
O Crown O Inlay / Onlay	2   1 15	
O Bridge O IMPLANT	16 🕝	
O Veneer O Temp Crown	R	
O Diagnostic Wax-up O Full Zirconia O EMAX (not suggested for screw retained implants)	32 17 17 18 18 18 29 20 20 21 27 27 27 27 27 27 27 27 27 27 27 27 27	
Full Cast	26 25 24 23 2	
O Yellow Gold 58% O White (chromium cobalt)	PONTIC DESIGN	
IMPLANT ABUTMENTS  O Custom Milled O Titanium  O Screw Retained O Zirconia Hybrid  O Cement Retained O Gold Hue Titanium	Ridge Relief None Sanitary Point Partial Full Ovate Medium Contact Ridge Ridge  Ridge Relief None Heavy	
(\$25 additional fee)	Will opposing teeth be restored? ☐ Yes ☐ No	Doctor's Signature
IMPLANT SYSTEM	Will doctor trim die? ☐ Yes ☐ If needed	License No Prep Date
PLATFORM SIZE	If prep reduction is insufficient: Occlusal Conf	
MANUFACTURER	☐ Reduce and mark opposer ☐ In occlusion ☐ Make Reduction Coping of prep ☐ Out of occlu ☐ Out of occlu	collection costs in the event the account is in collections or litigation, including reasonable fees.