COMPASS Dental Arts

Purpose with Direction

RX DATE _____/_____/ 20___

DUE DATE _____/_____/20___

Office Name _____

919-627-5003

1901 Bragg Blvd Fayetteville, NC 28303
compassdentalarts@yahoo.com
www.compassdentalarts.com

Patients Name _____

○ MALE ○ FEMALE AGE_____

FIXED RESTORATIONS

Shade _____

Tooth Number(s) _____

RESTORATION TYPE

- ○ Crown
- ○ Bridge
- ○ Veneer
- ○ Inlay / Onlay
- ○ IMPLANT
  - ○ Temp Crown
  - ○ Diagnostic Wax-up

- ○ Full Zirconia
- ○ EMAX (not suggested for screw retained implants)

Full Cast

○ Yellow Gold 58% ○ White (chromium cobalt)

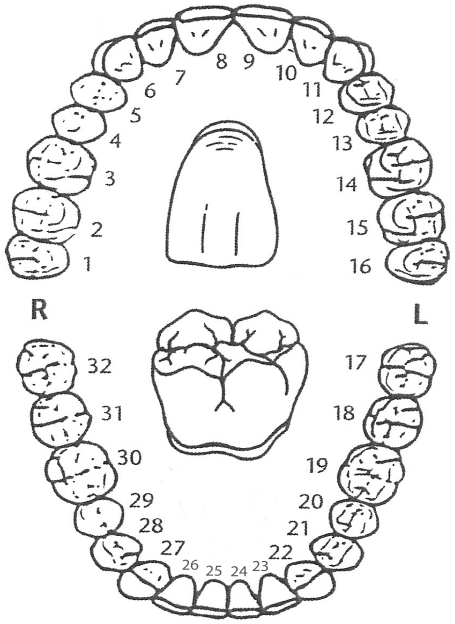
IMPLANT ABUTMENTS

- ○ Custom Milled
- ○ Screw Retained
- ○ Cement Retained
- ○ Titanium
- ○ Zirconia Hybrid
- ○ Gold Hue Titanium ($25 additional fee)

IMPLANT SYSTEM _____

PLATFORM SIZE _____

MANUFACTURER_____



PONTIC DESIGN

Ridge Relief
- ❑ None
- ❑ Slight
- ❑ Medium
- ❑ Heavy

Will opposing teeth be restored? ❑ Yes ❑ No

Will doctor trim die? ❑ Yes ❑ If needed

If prep reduction is insufficient:
- ❑ Reduce and mark opposer
- ❑ Make Reduction Coping of prep

Occlusal Contacts
- ❑ In occlusion
- ❑ Out of occlusion .3mm
- ❑ Out of occlusion .5mm

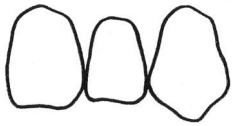
SHADES AND CHARACTERIZATION

Occlusal Stain
- ❑ None
- ❑ Light
- ❑ Medium
- ❑ Dark

Surface Texture
- ❑ Smooth (glossy)
- ❑ Medium
- ❑ Coarse (highly defractive)

Posterior Anatomy
- ❑ Full
- ❑ Primary

Incisal Translucency
- ❑ Slight
- ❑ Medium
- ❑ Heavy



Stump Shade for e.max ND _____ ST _____

Shade photo's can be emailed to COMPASSDENTALARTS.COM

ITERO **DS CORE** **MEDIT** **TRIOS**

ADDITIONAL INSTRUCTIONS

Doctor's Signature _____

License No. _____ **Prep Date** _____

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.