



1319 W Baseline RD Suite 100B
Lafayette, CO 80026
+720-702-0868

Today's Date Due Date

Doctor Name/Address:

Patient Name:

Sex Age

M/F

Please indicate teeth to be restored:

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Type of Restoration:

- e.Max Crown/Veneer Zirconia Crown Zirconia Bridge
- Monolithic Layered Ceramist's Choice
- Layered Pink Tissue Diagnostic Wax-up Provisional

Purpose of Restoration:

- Change Shade Increase Length _____ mm
- Change Form Close Diastemas

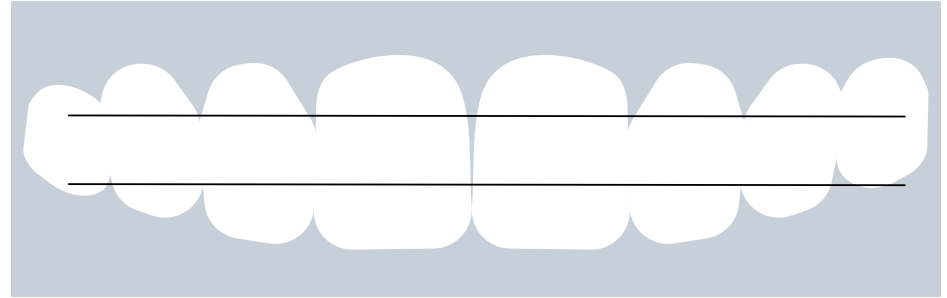
Planning to restore the opposing: Yes No

Implant Information:

System: _____ Custom Titanium Abutment
 Custom Zirconia Abutment
Diameter: _____ Stock Abutment
 Ti-Base

*Lab will call if unable to design screw retained with ASC parts.

All Anterior Cases Require Photos & Pre-op Models



Shade: _____

Value: High Low Shade of Preps: _____
Incisal Translucency: minimal (0.5mm) moderate (1.0mm) maximum (1.5mm)
Incisal Edge: Flat Mamelon Development
Occlusal Staining: Light Medium Heavy None

Items Included With Case:

- Master Impression Opposing Imp/Model
- Pre-operative Photos Pre-operative Models
- Photos & Model of Provisionals Bite Registration
- Face Bow Stick Bite
- STL Files Implant Components

Instructions:



Doctor's Signature: _____ License#: _____