MERAKI
dental studio
soul · creativity · love

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Today's Date

LAB Due Date

Patient's Appt: _____

Doctor Name/Office Name

Patient Name:

Sex M/F

Age

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

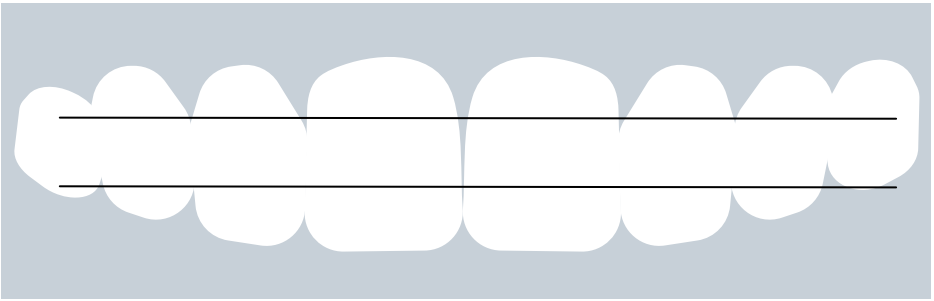
Implant Information:

System:

- ◯ Custom Titanium Abutment
- ◯ Custom Zirconia Abutment
- ◯ 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
- ◯ Pre-operative Photos
- ◯ Photos & Model of Provisionals
- ◯ Face Bow
- ◯ STL Files
- ◯ Opposing Imp/Model
- ◯ Pre-operative Models
- ◯ Bite Registration
- ◯ Stick Bite
- ◯ Implant Components

Instructions:

Doctor's Signature: License#:

Person signing this authorization accepts sole responsibility for payment. If collection is required by suit or other means, account holder agrees to pay all collection costs, including reasonable legal fees and attorney fees.