

_____ Rx Date _____
Dr. Name _____
Sex: M / F Age: _____ Patient Phone: _____

Patient Name _____
Due Date _____ by 5:00 pm

☐ Denart Signature Work

☐ Die Trim

☐ World Class Work

☐ Metal Try-In

☐ Wax Try-In

☐ Bisque Bake Try-In

☐ Wax Check

Metal Design

☐ Metal Occlusal (Includes Incisal)

☐ Metal Occlusal

☐ Metal Lingual

Occlusal Stain

☐ None

☐ Light

☐ Medium

☐ Dark

Facial Margins

☐ Show No Metal

☐ Show No Metal 360°

☐ Metal Margin

☐ Metal Margin 360°

☐ Porcelain Butt

☐ Porcelain Butt 360°

Occlusal Clearance

☐ In Occlusion

☐ Light Occlusion

☐ Out of Occlusion

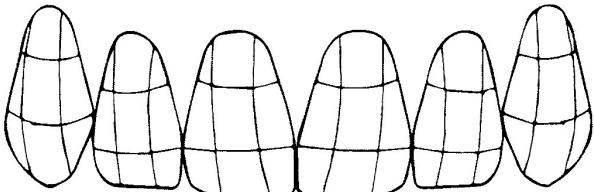
Surface Anatomy

☐ Smooth

☐ Textured

☐ Mammalon Development

☐ Match Existing



Shade: _____

OVATE
____ MM

MODIFIED
RIDGE-LAP

SANITARY
RIDGE-LAP

EUBANK
____ MM

RIDGE RELIEF

☐ YES

☐ NO

☐ NO TISSUE DISPLACEMENT

☐ SUPPORT TISSUE

☐ CONTOUR TISSUE

☐ FULL ANATOMICAL

NARROW HEALING SPACE

Smallest diameter, nonanatomically shaped abutment with no soft tissue support. The abutment will not touch the soft tissue.

WIDE HEALING SPACE

Anatomically shaped abutment will be up to 0.2 mm larger than sulcus of silicone model of soft tissue provided with desired emergence profile. "Easy" insertion.

Medium diameter anatomically shaped abutment up to 1.0 mm larger than sulcus of model of soft tissue provided.

Largest diameter abutment provided with best emergence profile possible. A surgical incision for placement may be required.

Porcelain Fused to Metal (PFM/FGC/FMC)

☐ Non-precious

☐ Palladium Noble (Type IV: 15% Au, 52% Pd)

☐ White Noble (Type III: 75% Au)

☐ Yellow Noble (Type III: 40% Au)

☐ High Noble (Type II: 77% Au)

Zirconia Restorations

☐ Katana Full Contour Zirconia

☐ Katana Zirconia Occlusal with Facial Cutback

☐ Layered Zirconia

All-Ceramic Restorations

☐ IPS Emax Layered

☐ IPS Emax Monolithic/Staining

☐ IPS Emax Veneer (Layered)

☐ Feldspathic Veneer

☐ GC Initial LISI (Press)

Margin

Facial _____ mm

Lingual _____ mm

Mesial _____ mm

Distal _____ mm

Instructions:

☐ Please evaluate the preps and impressions.

If Insufficient Room:

☐ Please Call

☐ Trim Opposing and Mark

☐ Reduction Coping

Signature of Dentist _____ Date _____ Dentist License # _____