

# Molar Dental Studio, San Francisco

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

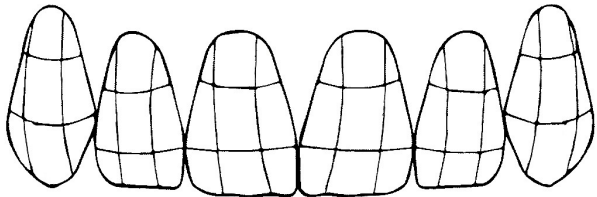
Due Date \_\_\_\_\_ by 5:00 pm ☐ Die Trim  
☐ Metal Try-In  
☐ Bisque Bake Try-In

**Metal Design**  
☐ Metal Occlusal (Includes Incisal)  
☐ Metal Occlusal  
☐ Metal Lingual

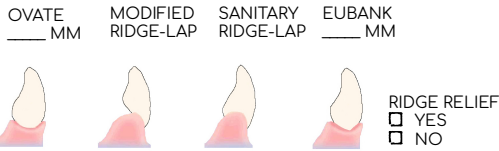
**Facial Margins**  
☐ Show No Metal  
☐ Show No Metal 360°  
☐ Metal Margin  
☐ Metal Margin 360°  
☐ Porcelain Butt  
☐ Porcelain Butt 360°

**Occlusal Clearance**  
☐ In Occlusion  
☐ Light Occlusion  
☐ Out of Occlusion

**Occlusal Stain**  
☐ None  
☐ Light  
☐ Medium  
☐ Dark



Shade: \_\_\_\_\_



☐ NO TISSUE DISPLACEMENT

☐ SUPPORT TISSUE

☐ CONTOUR TISSUE

☐ FULL ANATOMICAL

NARROW HEALING SPACE

WIDE HEALING SPACE

Smallest diameter, nonanatomically 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.

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 # \_\_\_\_\_