

Lab Use Only:

Date Sent to Lab: _____
 Ship Date: _____ Due Date: _____
 Case Number _____

Dr. Name: _____ Phone: _____
 Fax: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Patient Name or Number: _____ Male Female Age: _____

Prescription Details:

Return Request Date: _____

Needed for All Anterior or Large Cases:

- Full-arch Impression(s) Bite Registration Pre-Op model(s) Stickbite Marked Cast model indicating tissue recontouring
- AACD Series Photos Adjusted Temps Photo of Temps Diagnostic White Wax-Up

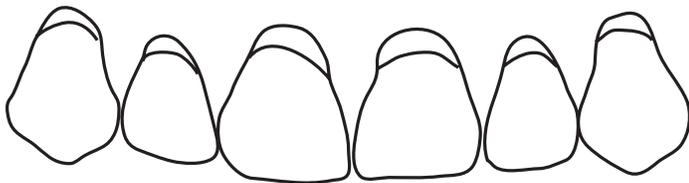
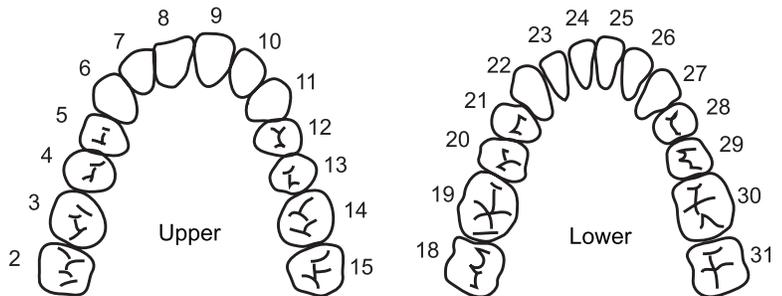
The following Materials are to be Used in Producing the Above Restoration:

- All Ceramic:** Emax (__Press __ZirPress) IPS Empress Esthetic Zirconia (brand preference _____) Refractory
Porcelain to Metal: High Noble (yellow) High Noble (white) Semi-Precious
Full Cast Crown(s): High Noble (yellow) High Noble (white)
Indirect Composites: Cristobal Nightguards (Hard)
Implants: Brand of Implant _____ (Implant size _____)

Design Requirements:

- Porcelain-to-margin Porcelain Butt Margin (shoulder prep required) Lingual Collar (_____mm) Full Metal Collar (_____mm)

Restoration on number(s):



Shade Information:

- Basic Shade: _____
 - ND Shade: _____
 - Shade Guide Used: _____
- Opposing to be restored in the future? Yes No

Characterization Guide:

- Incisal Translucency:** Heavy Medium Light None | **Surface Texture:** Heavy Medium Light None
Occlusal Stain: Heavy Medium Light None | **Degree of Hypocalcification:** Heavy Medium Light None

continued

