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(800) 927-7990

No. 272000

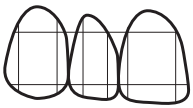
Dr. _____

Phone _____

Patient _____

Age _____ M ___ F ___

Characterization



Shade

APPOINTMENT DATE _____ TIME _____

☐ WILL CALL PATIENT AFTER CASE IS DELIVERED

Fixed

Tooth Number

All-Ceramic
- ☐ Full contour Zirconia-DZ
- ☐ emax
- ☐ Porc. Fused to Zirconia
- ☐ Veneers

Full Cast Crowns
- ☐ Hi-Noble
- ☐ Semi-Precious
- ☐ NP (Silver)
- ☐ NPG (Gold)

Porcelain-to-Metal
- ☐ Hi-Noble
- ☐ Semi-Precious
- ☐ Non-Precious

STAGE: SPECIAL INSTRUCTIONS

- ☐ Return to Dr. for Die Trim
- ☐ Diagnostic Wax-up

If necessary, may we?

Adjust opposing? Yes ☐ No ☐

Adjust preps? Yes ☐ No ☐

Adjust draw? Yes ☐ No ☐

Removable

☐ **Stage**
- ☐ Bite Block
- ☐ Try-in
- ☐ Finish

☐ **Arch**
- ☐ Upper
- ☐ Lower

☐ **Dentures**
- ☐ **Traditional**
- ☐ **Printed**
- ☐ Premium
- ☐ Econo
- ☐ Immediate/Permanent
- ☐ Immediate/Interim

☐ **Framework Partial**
- ☐ Premium
- ☐ Econo/ Embedded

☐ **Acrylic Partial**

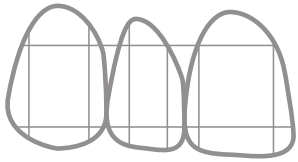
☐ **Flex Partial**

☐ **Splint**
- ☐ Upper
- ☐ Lower
- ☐ Hard
- ☐ Dual Laminate
- ☐ 3D - Heat & Seat

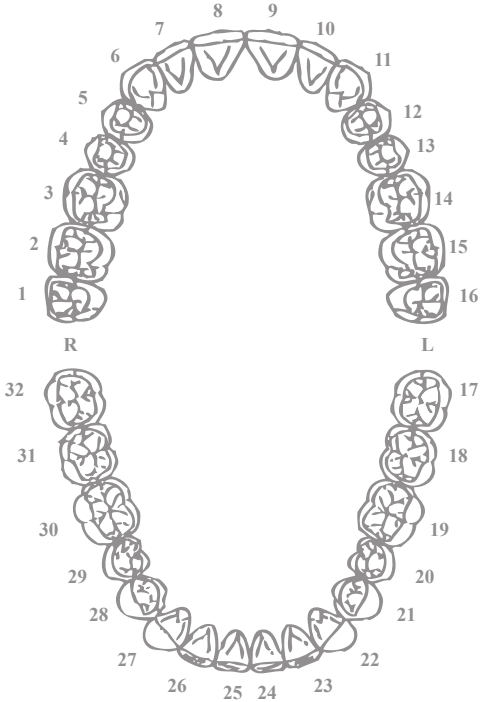
- ☐ Flat Plane
- ☐ Cuspid Guidance
- ☐ Anterior Guidance

Signature of DDS _____ Lic # _____

Please Send: ☐ Boxes ☐ Rx Pads ☐ Mailing Labels



CASE DESIGN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