

Case # \_\_\_\_\_  
 Doctor Name \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Office Location \_\_\_\_\_

Ship Out Date \_\_\_\_/\_\_\_\_/20  
 Case Due Date \_\_\_\_/\_\_\_\_/20

### Fixed Restorations

<p><b>All Ceramic</b></p> <p><input type="checkbox"/> <b>E Max</b></p> <p><input type="radio"/> Crown   <input type="radio"/> Bridge</p> <p><input type="radio"/> Inlay   <input type="radio"/> Onlay</p> <p><input type="checkbox"/> <b>Zirconia</b></p> <p><input type="checkbox"/> <b>Zirconia Full Contour</b></p> <p><input type="checkbox"/> <b>Zirconia Coping Only</b></p> <p><input type="checkbox"/> <b>Inlay / Onlay</b></p> <p><input type="checkbox"/> <b>Wolceram</b></p> <p><input type="checkbox"/> <b>Empress Post/Core</b></p> <p><b>Composite Restoration</b></p> <p><input type="checkbox"/> <b>Sinfony</b>   <input type="checkbox"/> <b>Adoro</b></p> <p><input type="radio"/> Crown   <input type="radio"/> Bridge</p> <p><input type="radio"/> Inlay   <input type="radio"/> Onlay</p> <p><input type="checkbox"/> <b>Maryland Bridge</b></p> <p><input type="checkbox"/> <b>Radica Long Term Provisional</b></p> <p><input type="checkbox"/> <b>Diagnostic Wax Up</b></p>	<p><b>PFM</b></p> <p><input type="checkbox"/> <b>NP</b></p> <p><input type="radio"/> Ni/Co   <input type="radio"/> Cr/Co</p> <p><input type="checkbox"/> <b>Captak</b></p> <p><input type="checkbox"/> <b>Noble</b></p> <p><input type="radio"/> Yellow   <input type="radio"/> White</p> <p><input type="checkbox"/> <b>High Noble</b></p> <p><input type="radio"/> Yellow   <input type="radio"/> White</p> <p><input type="checkbox"/> <b>Maryland Bridge</b></p> <p><input type="checkbox"/> <b>Coping (Alloy)</b> _____</p> <p><b>Implant</b></p> <p><input type="checkbox"/> <b>Cement-Retained</b></p> <p><input type="checkbox"/> <b>Screw-Retained</b></p> <p><b>Enclosed Parts</b></p> <p>Abutment _____ Pieces</p> <p>Analog _____ Pieces</p> <p>Screw _____ Pieces</p> <p>Other _____ Pieces</p>	<p><b>Cast Crown/Post</b></p> <p><input type="checkbox"/> <b>NP</b></p> <p><input type="radio"/> Ni/Co   <input type="radio"/> Cr/Co</p> <p><input type="checkbox"/> <b>Noble</b></p> <p><input type="radio"/> Yellow   <input type="radio"/> White</p> <p><input type="checkbox"/> <b>High Noble</b></p> <p><input type="radio"/> Yellow   <input type="radio"/> White</p> <p><input type="checkbox"/> <b>Post / Core + Crown</b></p> <p><input type="radio"/> Separate   <input type="radio"/> 1 piece</p> <p><b>Pontic Design</b></p> <p><b>Margin and Metal Design</b></p> <p>Labia   360°   Junction   Junction</p> <p>Butt   Butt</p>
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### Preferences

<input type="checkbox"/> <b>Contact</b>	<input type="radio"/> Tight	<input type="radio"/> Light	<input type="radio"/> Broad & Tight
<input type="checkbox"/> <b>Occlusal Staining</b>	<input type="radio"/> None*	<input type="radio"/> Light	<input type="radio"/> Medium <input type="radio"/> Dark
<input type="checkbox"/> <b>Occlusion</b>	<input type="radio"/> Light *	<input type="radio"/> In	<input type="radio"/> Out
<b>If No Occlusal Clearance</b>	<input type="radio"/> Call Doctor	<input type="radio"/> Reduction Coping	<input type="radio"/> Spot Opposing <input type="radio"/> Metal Occlusion

### RX

Single/Splinted/Bridge (Please Circle)   Unit #   Shade   Unit #   Stump Shade   Unit #   Set up Teeth on #   Unit #

### Removable Restorations

<p><b>Cast Partial</b></p> <p><input type="checkbox"/> <b>Frame Only</b></p> <p><input type="checkbox"/> Cr/Co   <input type="checkbox"/> Vitallium</p> <p><b>Stage</b></p> <p><input type="checkbox"/> Custom Tray</p> <p><input type="checkbox"/> Bite Block</p> <p><input type="checkbox"/> Wax Try-In</p> <p><input type="checkbox"/> Process/Finish</p> <p><input type="checkbox"/> Partial Denture Complete</p> <p><input type="checkbox"/> <b>Finished with Acrylic</b></p> <p><input type="radio"/> Standard</p> <p><input type="radio"/> Lucitone 199</p> <p><input type="checkbox"/> <b>Finished with Valplast</b></p> <p><input type="radio"/> Light Pink</p> <p><input type="radio"/> Standard Pink</p> <p><input type="radio"/> Meharry</p> <p><input type="radio"/> Other Color _____</p> <p><b>Extras</b></p> <p><input type="checkbox"/> <b>Rebase/Reline</b></p> <p><input type="checkbox"/> <b>Adapt Crown to Partial</b></p>	<p><b>Dentures</b></p> <p><input type="checkbox"/> <b>Conventional Acrylic</b></p> <p><input type="radio"/> Standard</p> <p><input type="radio"/> Lucitone 199</p> <p><b>Stage</b></p> <p><input type="checkbox"/> Custom Tray</p> <p><input type="checkbox"/> Bite Block</p> <p><input type="checkbox"/> Wax-Up with teeth</p> <p><input type="checkbox"/> Process/Finish</p> <p><input type="checkbox"/> Full Denture Complete</p> <p><input type="checkbox"/> <b>Immediate Denture</b></p> <p><input type="radio"/> Extract teeth on # _____</p> <p><b>Stage</b></p> <p><input type="checkbox"/> Wax Try-In (Teeth Only)</p> <p><input type="checkbox"/> Process</p> <p><input type="checkbox"/> Complete</p> <p><b>Attachments</b></p> <p>Type of Attachment _____</p> <p><input type="checkbox"/> <b>ERA on # _____ (Unit)</b></p> <p>(Please see price list for attachment selections)</p>	<p><b>Non-Metal Partial Flexible Acrylic</b></p> <p><input type="checkbox"/> <b>Valplast</b></p> <p><input type="radio"/> Light Pink</p> <p><input type="radio"/> Standard Pink</p> <p><input type="radio"/> Meharry</p> <p><input type="radio"/> Other Color _____</p> <p><input type="checkbox"/> <b>Duracetal</b></p> <p><input type="checkbox"/> <b>Flipper</b></p> <p><input type="checkbox"/> <b>Clear Clasp (Acetal)</b></p> <p><b>Other</b></p> <p><input type="checkbox"/> <b>Night Guard</b></p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> Soft</p> <p><input type="radio"/> Hard Outside/Soft Inside</p> <p><input type="checkbox"/> <b>Beaching Tray</b></p> <p><input type="checkbox"/> <b>Sports Guard</b></p> <p><input type="radio"/> W/ Strap   <input type="radio"/> 2 Layers</p> <p><input type="radio"/> 3 Layers</p>
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