

(shaded area for lab use only)



experience dental studio

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Appointment Date: _____ Time: _____

Dr: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Patient Name: _____ Gender: _____

Teeth Restored or Replaced

Final Shade _____

Prep Shade _____

Type of Restoration

- Porcelain to metal
- NP SP HN Yellow gold
- Full metal
- Zirconia
- Bridge/Splited units
- Diagnostic wax up
- IPS Empress
- Feldspathic veneers
- Other _____

Enclosures

- Master impression
- Opposing impression
- Pre-op model
- Impression of temps
- Stick bite
- Bite registration
- Photographs
- Articulator
- Shade tab
- Custom shade tab

Goals for Final Case

- Close diastema
- More youthful smile
- Change shape
- Move midline
- Change shade
- Widen buccal corridor
- Feminize smile
- Eliminate crossbite
- Length of centrals _____ mm

Surface Texture

- Smooth Slight
- Moderate Heavy

<input type="radio"/> Porcelain margin 360°	<input type="radio"/> Porcelain margin 180°		
<input type="radio"/> No metal collar	<input type="radio"/> Small metal lingual collar	<input type="radio"/> Metal lingual collar	
<input type="radio"/> 360° Metal margin	<input type="radio"/> 1/2 Metal occlusal	<input type="radio"/> Full metal occlusal	
<input type="radio"/> Sanitary	<input type="radio"/> Ridge Lap	<input type="radio"/> Modified ridge lap	<input type="radio"/> Implant/Ovate

Instructions:

Please send Rx's Airbills

Authorization

Dr. Signature _____

License # _____

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.

