



Doctor _____ Tel. _____

Patient Name _____ Age _____ Male Female

Rx Date _____ Date Requested _____

- ENCLOSURES
- Impression
 - Bite Registration
 - Master Model
 - Study Models
 - Counter Model
 - Wax-Up
 - Facebow
 - Stick Bite
 - Shade Tab
 - Photos
 - Photos via email
 - Misc. _____

RESTORATION TEETH #s	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- | | | | | |
|--|---|---|--|---|
| <p>PORCELAIN VENEERS</p> <input type="checkbox"/> IPS e.max
<input type="checkbox"/> Feldspathic | <p>CERAMIC CROWNS</p> <input type="checkbox"/> IPS e.max
<input type="checkbox"/> Porcelain Fused to Zirconia
<input type="checkbox"/> Full Contour Zirconia | <p>CERAMO-METAL</p> <input type="checkbox"/> Porcelain Butt Margin
<input type="checkbox"/> Facial Metal Collar
<input type="checkbox"/> Lingual Metal Collar
<input type="checkbox"/> Metal Occlusal | <p>INLAYS/ONLAYS</p> <input type="checkbox"/> IPS e.max
<input type="checkbox"/> Composite | <p>CUSTOM IMPLANT ABUTMENTS</p> Implant Type _____
Platform Width _____
<input type="checkbox"/> Titanium Abutment
<input type="checkbox"/> Zirconia Abutment
<input type="checkbox"/> Hybrid Abutment |
|--|---|---|--|---|

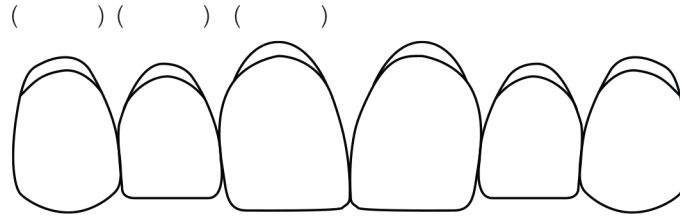
- DIAGNOSTIC WAX-UP PREP GUIDE PUTTY MATRIX PROCESSED TEMPORARIES

PREP SHADE (STUMP)

Desired Central Incisor:

Length _____

Width _____



(Please map desired shading) (Please map desired characterization)

SURFACE TEXTURE: Smooth Medium Heavy

INCISAL TRANSLUCENCY: Minimal (0.5 mm) Moderate (1.0 mm) Maximum (1.5 mm) Halo Effect

PONTIC DESIGN: Ovate Modified Ridge Lap Ridge Lap Sanitary

INSTRUCTIONS OR COMMENTS:

By my signature, I acknowledge that this form represents the full and complete Agreement between Tech Squared Dental Studios and me, and I agree to be bound by the policies, terms and conditions set forth by them.

Signature _____ Lic # _____ Date _____