

DR. _____ DATE. _____
ADDRESS. _____
CITY. _____ STATE. _____ ZIP. _____
PHONE. _____ FAX. _____
E-MAIL: _____

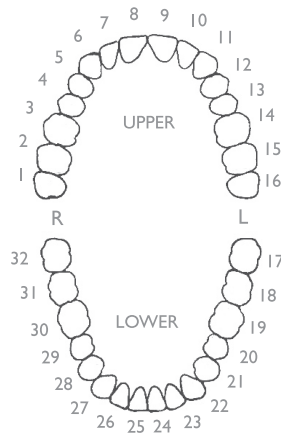
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☐ FEMALE ☐ MALE AGE

Blueprint of Case Treatment

- ☐ Study model with full border
- ☐ Facebow transfer
- or**
- ☐ Average mounting
- ☐ Bite registration CO
- or**
- ☐ Bite registration CR

and Equilibrate?



- ☐ facial with smile
- ☐ smile with lip
- ☐ dental close up (retracted)
- ☐ profile smile

- ☐ Preparation suggested model
- ☐ Putty matrix for temp. fabrication
- ☐ Perio Stent
- ☐ Just send Esthetic Wax-up for patient review
- ☐ Preparation guided putty stent
- ☐ Shell (lab.) temp. for full coverage shade _____

- ☐ Opening vertical _____mm
- ☐ Lengthen
 - teeth # _____
 - how much? _____mm
- ☐ Shorten
 - teeth # _____
 - how much? _____mm
- ☐ Tissue recontouring
 - teeth # _____
 - How much? _____mm
- ☐ Restore Guidance
- ☐ Widen buccal corridor



a. _____

b. _____

c. _____

☐ Screw Retained ☐ Hybrid Bar ☐ Surgical Stent
☐ Cement Retained ☐ Custom Abutment ☐ Treatment Cost Evaluation

PAN # _____

- Full coverage
 - Feldspathic teeth # _____
 - Pressable teeth # _____
 - Alumina teeth # _____
 - Zirconia teeth # _____

☐ Single Castings ☐ One Piece Casting ☐ Bisque Bake ☐ Finish
 teeth # _____ **Facial Collar** ☐ yes ☐ no
 Full margin extension _____ ☐ 0.1 mm ☐ 0.5 mm
 # _____
 Porcelain butt shoulder ☐ White High Noble Metal
 # _____ ☐ Yellow High Noble Metal

Original	Final
#8 _____	#8 _____
#9 _____	#9 _____

Attn to: _____
Call me- I would like to speak with _____

Signature _____ Lic.# _____



PREPARATION GUIDELINES

All-Ceramic/ Composite Preparations

BUCCAL
LINGUAL
INTERPROXIMAL | 1.0-1.5mm

BUCCAL
LINGUAL
INTERPROXIMAL | 1.0-1.5mm

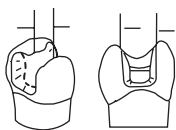
INCISAL 1.5- 2.0 mm

OCCUSAL 1.5- 2.0 mm



INLAY

2.0 mm min. 2.0 mm min.



No Cavo-Surface Bevels

ONLAY

1.5-2.0 mm 1.0 mm Wall Thickness 1.5 mm-2.0mm

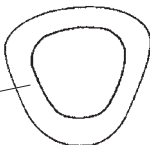


Facial Section

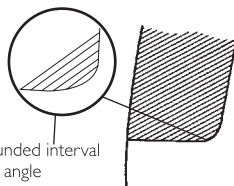
Proximal Section

SHOULDER/ LINGUAL BEVEL

even width of 360°
shoulder

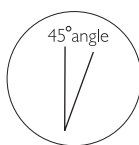


Rounded interval
line angle



CHAMFER/ SHOULDER BEVEL

45° angle



PRODUCTION SCHEDULE

PFM Crown (Start to Finish)

Combination Case

Crown & Bridges

Copings

Full Cast Crown

Gold In/ Onlays

Solder Connection

Cast Post & Core

Direct Casting

Attachments (all types)

Porcelain

Porcelain Bake Only

Cosmetic

High Ceram Crown (up to 6 units)

Porcelain Laminate (up to 10 units)

Zirconia Crown (Single Unit)

Zirconia Bridges

PTM

8-10 Production Days

Add 4-5 Extra Production Days

5 Production Days

5 Production Days

5 Production Days

4 Production Days

5 Production Days

3 Production Days

Please call

5-10 Production Days

6-8 Production Days

8-10 Production Days

10 Production Days

10-12 Production Days

7-10 Days

* Custom Labor Fees May Apply on Custom Shade, Single/ Multiple Shade Matching Cases

NOTE: Any request for **Rush service MUST** be called in at least 5 days prior to the pick up of case(s) **AND** to be given a confirmation #. Without this procedure, we cannot guarantee rush service.

Pressables

8-10 Production Days

Implant Restorations

All Types

Misc.

Processed Temps

Functional Diagnostic Wax Up

Call for Case Planning

Call for Schedule

Call for Schedule

Call for Schedule

NOTE:

** Production days mean actual 'work' days, excluding pick up and delivery time, Saturdays, Sundays and Holidays

***Any Rush/ Special (such as Walsh Messenger; UPS, FEDEX, Car Service, etc.) Pick up and delivery costs are billed to the Account.

CHECKLIST FOR LAB USE ONLY

Photos/ Slides _____
Full Arch Impression _____
Pick-up Impression _____
Quad Impression _____
Dr's Articulator _____
JK Articulator _____
Triple Tray Impression _____
Triple Tray Bite _____
Bite Registration _____
GC Resin _____
Wax-up _____
Putty Index _____

Pre-Op Model _____
Study Model _____
Counter Model _____
Solid/ Uncut Model _____
Master Model _____
Die Model _____
Implant Model _____
Die(s) _____
Shade Tab/ Guide _____
Old Crown/ Bridge _____
Old Partial/ Denture _____
Other _____