

Dr. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Patient Name \_\_\_\_\_

Address/E-mail \_\_\_\_\_ **Deliver by 5 p.m. on** \_\_\_\_\_

Enclosed with case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_



**FINAL CERAMIC SHADE**



Indicate Shade Here

**PRESENT TOOTH OR STUMP SHADE**



Indicate Shade Here

**OCCUSAL STAINING**

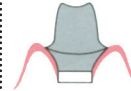
None  Light  Medium  Dark

**IMPLANT COMPLETE**

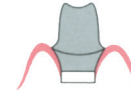
- Implant Complete Atlantis
- Implant Complete Straumann
- Implant Complete Nobel
- Implant Complete CAD
- Implant Complete Cerec (Cerec connect only)
- Implant Complete Hybrid
- Abutment only
- Screw Retained Abutment Crown
- Other \_\_\_\_\_

**Specify implant system, brand & diameter on Rx**

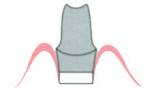
**ABUTMENT EMERGENCE PROFILE**



Surgical Placement



Tissue Displacement



No Tissue Displacement

**ABUTMENT MARGIN DEPTH**

Facial

Mesial

Lingual

Distal

**If left blank, default values will be used**

**RESTORATIONS**

- IPS e.max CAD
- IPS e.max Veneer CAD
- IPS e.max CAD micro layer
- IPS e.max Veneer micro layer
- BruxZir
- PFZ (porcelain fused to Zirconia)
- Other \_\_\_\_\_

**Indicate stump or present tooth shade for all-ceramics**

**OTHER**

- DigiTemps
- Scan Appliance



Signature \_\_\_\_\_ License # \_\_\_\_\_