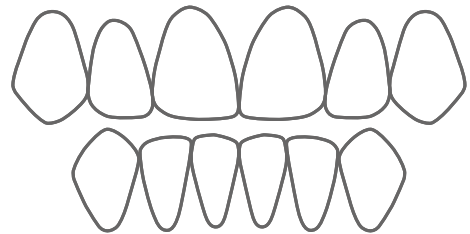
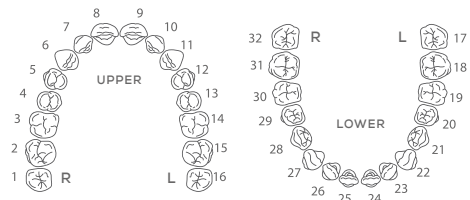


DR NAME _____ **PT NAME** FIRST _____ AGE _____
 ADDRESS _____ LAST _____ FEMALE MALE
 CITY _____ STATE _____ ZIP _____ PHONE _____ **DUE DATE** FINISH _____ TRY IN _____ **CALL ME**
ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impressions Photo (Preferred) Other _____

PLEASE INDICATE TOOTH NUMBER TO BE RESTORED:



VERTICAL DIMENSION

Open Bite _____ mm

CHARACTERIZATION

Translucency HEAVY MEDIUM MINIMUM NONE
 YES NO
 Lobing HEAVY MEDIUM LIGHT NONE
 Surface Texture
 Occlusion Stain
 Hypo-Calcification
 Occlusion Stain Color _____

VALUE

High Medium Low

SHADE INSTRUCTIONS

Stump/Prep Shade _____
 Gingival Shade _____
 Body Shade _____
 Incisal Shade _____

CENTRAL LENGTH

CEJ tooth # _____ to CEJ tooth # _____

METAL-FREE RESTORATIONS

IPS Empress® Esthetic
 IPS e.max® IPS e.max® CAD
 Layered Zirconia (DSz™)
 Monolithic Zirconia (DSmz™/DSez™)
 Full Milled Zirconia (BruxZir®)
 Feldspathic Composite
 Other _____

FULL METAL

Noble High Noble Call to Discuss

PORCELAIN TO METAL

Non Precious (Nickel Free)
 Semi Precious White High Noble
 Yellow High Noble Metal Try-in

PONTIC DESIGN

SANITARY HALF RIDGE LAP FULL RIDGE LAP BULLET OVATE

DIAGNOSTIC WAX-UP

Prep Model Bite Matrix Temp Matrix

SHAPE

Smile Guide Design # _____
 Match Photographs _____

SOFT TISSUE MODEL

If Insufficient Room CALL REDUCE PREP
 REDUCE OPPOSING CLOSE DIASTEMA

Occlusion Clearance IN OCCLUSION
 OUT OF OCCLUSION FOIL RELIEF

Mold of Crown FOLLOW STUDY MODEL MATCH
 EXISTING IDEAL

MARGIN DESIGN

Facial All Porcelain Margin
 360 All Porcelain Margin
 Facial Show No Metal with small lingual collar
 360 Show No Metal
 Metal Lingual/Metal Occlusal



INSTRUCTIONS

IMPLANTS

System _____ Diameter _____
 Screw Retained Cement Retained
 Doctor to provide components
 Lab to provide components
 Resin - Abutment Seating Index
 Surgical Guide
 Radiographic Surgical Guide

ATTACHMENT DESIGN

ERA Keyway Other _____

TEMPORARIES

PMMA

REMOVABLE APPLIANCE*

Partial Denture Flipper
 Orthotic Hawley Retainer
 Night Guard *CALL US FOR MORE OPTIONS

RETURN FOR Die Trim Evaluation Wax Check Metal Try-in Bisque Finish

DR SIGNATURE _____

DR LICENSE # _____

For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty

DO YOU NEED? Shipping Boxes **RXS:** Standard Fixed Removable Local (WHERE AVAILABLE)
 Shipping Labels Implant Cosmetic Ortho/Sleep Value

TERMS: Net 15th of month. A finance charge of 1 1/2% per month (18% annual) will be added to past due invoices F COS1 00