

TRADITIONAL WORKFLOW



**REQUIRED INFORMATION**

\* Do not schedule Pt. same day as due date

Full Doctor Name  Customer ID

Due Date  Time

Full Patient Name

Practice Name

Address

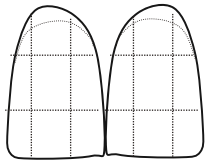
Email  Phone

Pt. Appt. DD

Shade  Stump  Shade Guide Used

**SPECIFIC INSTRUCTIONS**

**Characterizations**

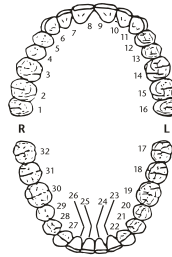


**Pontic Design**

- Modified ridge-lap
- Saddle ridge-lap
- Sanitary/ hygienic
- Conical
- Ovate

**Included Items**

- Impressions
- Pre Op Models
- Bite Registration
- Photos
- Other \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |                                 |                                 |                                   |                                 |
|---|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <b>If Insufficient Room</b>               | <b>Occlusal Contact</b>         | <b>Interproximal Contact</b>    | <b>Return for</b>                 | <b>Amount of Translucency</b>   |
| <input type="checkbox"/> Trim opposing*   | <input type="checkbox"/> Light* | <input type="checkbox"/> Light* | <input type="checkbox"/> Die trim | <input type="checkbox"/> Bright |
| <input type="checkbox"/> Call to discuss  | <input type="checkbox"/> Open   | <input type="checkbox"/> Medium | <input type="checkbox"/> Bisque   | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Reduction coping | <input type="checkbox"/> Tight  | <input type="checkbox"/> Heavy  | <input type="checkbox"/> Finish*  | <input type="checkbox"/> Heavy* |

\*Standard design if an option is not selected

Dr. Signature \_\_\_\_\_ Dr. License # \_\_\_\_\_

**FIXED RESTORATIONS**

**Crown & Bridge**

- Aesthetic Zirconia
- Glass Ceramics (i.e. Emax)
- Veneer Restorations
- Inlay/Onlay →  Emax  Zirconia
- Full Metal
  - Non Precious
  - White Noble
  - Noble Yellow
  - High Noble Yellow
- PMMA Temporary
- Diagnostic Wax-up
- Post and Core
- Metal Occlusal
- Metal Lingual
- Metal Collar
- Rest Seat

- Layered

**Implant Based**

- Ti-Based Abutment
- CAD/CAM  Ti  Zi
- Custom Abutment**
  - OEM Abutment
  - In-House Abutment
- Ti-Based PMMA Temporary
- Full Arch PMMA Prototype
- Full Arch  Ti Based Monolithic Zirconia
- Full Arch Implant Planning
- Verification Jig

Implant Systems \_\_\_\_\_

Implant Sizes \_\_\_\_\_

Abutment Design Notes \_\_\_\_\_

Other Info \_\_\_\_\_

**Complete/Partial Dentures**

- Premier Denture
- Lucitone 199 Denture
- Immediate Denture
- Immediate Conversion with Surgical Stents (Guide)
- Locator over Denture
- Copy Denture
- Hybrid Denture
- Custom Tray
- Base/Wax Rim
- Set Up
- Finish
- Bone Reduction/ Alveoloplasty Guide
- Metal Frame
- Flexible
- Acrylic Flipper
- Stay Plate
- Metal Frame/Combo

**GUM Shade**

- Original
- Ethnic

**Orthodontics**

- Essix Retainer
- Hard Night Guard
- Hard/Soft Night Guard
- Soft Night Guard
- Bleaching Tray
- Talon Night Guard
- ADD wire clasp (2)

**Repairs**

- Reline
- Tooth
- Fracture
- Clasp

**Name ID**

- Yes
- No