

CaliforniaDentalArts

20421 Pacifica Drive, Cupertino, California 95014
 Phone 408 255 1020 Free 800 313 1020 Fax 408 255 0324 Web caldentalarts.com

Dr: _____ Date: _____

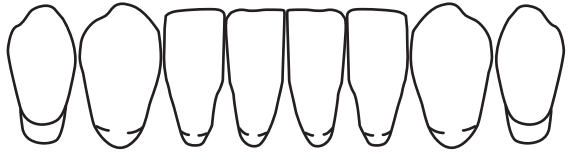
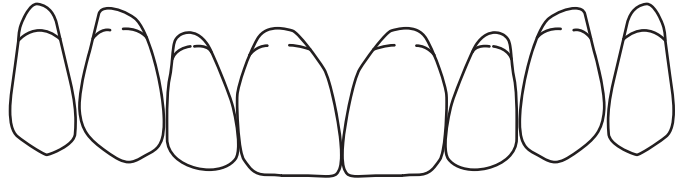
Patient: _____
 (Last) (First)

Due Date M F Age: _____

_____/_____/_____ Time: _____

Please call Dr. to trim die Dr. to mount case

Please indicate desired shade on drawing below



Occlusal Stain
 No Yes M D Custom shade
 Shade: Ivoclar _____ Vita: _____

Dentin (old guide) (circle one) ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8 ST9
 Dentin (new guide) (circle one) ND1 ND2 ND3 ND4 ND5 ND6 ND7 ND8 ND9

- INCOMING CHECK LIST**
- Impression
 - Opposing
 - Wax Bite
 - P.V.S. Bite
 - Stick Bite
 - Slides
 - Pictures
 - Old Crown
 - Study Models
 - Old Models
 - Face Bow
 - Articulator
 - Provisional

R_x - INSTRUCTIONS

Case	FedEx
------	-------

- Products**
- Empress® Esthetic
 - 3M Lava™ Milled Zirconia
 - BelleGlass™
 - Diagnostic Wax-Up
 - Porcelain Fused to Metal
 - Full Gold Crown
 - Implant
 - Nightguard Hard-Soft
 - Temporaries Radica
 - Slim Press Veneer

Full Cast Crown	Porcelain to Metal
ALL METAL UNIT <input type="checkbox"/> CB-P 75% Au <input type="checkbox"/> CB-R 60% Au <input type="checkbox"/> CB-E 46% Au	TYPE OF METAL DESIRED <input type="checkbox"/> H-Nobel (Yellow) 90% Au <input type="checkbox"/> H-Nobel (White) 69% Au <input type="checkbox"/> H-Nobel (Euro) 40% Au <input type="checkbox"/> Silver Palladium <input type="checkbox"/> Bio 2000 24KT

- Design Instructions**
- | | |
|---|--|
| ANTERIORS | POSTERIORS |
| <input type="checkbox"/> Metal coping | <input type="checkbox"/> Metal coping
All porcelain coverage |
| <input type="checkbox"/> Metal coping | <input type="checkbox"/> Metal coping
All porcelain coverage |
| <input type="checkbox"/> Metal lingual | <input type="checkbox"/> Metal occlusal
Excluding buccal cusp |
| <input type="checkbox"/> Metal lingual | <input type="checkbox"/> Metal occlusal
Including buccal cusp |
| <input type="checkbox"/> Metal Margin _____MM | <input type="checkbox"/> Porcelain Margin |

- | | |
|--|----------------|
| If No Occlusal Clearance | Pontics |
| <input type="checkbox"/> Metal Occlusal
<input type="checkbox"/> Reduction Coping
<input type="checkbox"/> Spot Opposing | |

For Lab Use Only

Model	Wax	Articulator Type	<input type="checkbox"/> ADDITIONAL INSTRUCTIONS ATTACHED
Finisher	Porcelain	Signing this work authorization indicates that you agree to abide by the following conditions: 1) All invoices for work performed are due and payable within 30 days. 2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days. 3) In the event that legal action becomes necessary, you agree to pay all collection and attorney fees involved in the collection of the debt.	
		Signature: _____	Lic. No. _____

