

Doctor Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_  am  pm Case Pan # \_\_\_\_\_

For internal use only

Dr. to Take Pickup Impression  Dr. to Mount Case  Please Call (\_\_\_\_\_) \_\_\_\_\_

### Additional Instructions

#### All-Ceramic

- ZirFit Solid Zirconia
- ZirFit HT Solid Zirconia
- Fuzion Layered Zirconia
- IPS e.max Enhanced Stained
- IPS Empress
- BelleGlass Resin Composite

#### Metal Alloy

##### PFM

- Premium HN-Yellow 90% Au
- Select HN-White 69% Au
- Regular HN-White 40% Au
- Silver Palladium

##### Full-Gold

- Premium 75% Au
- Select 60% Au
- Regular 46% Au
- Y+ Gold Crown 2% Au

#### Implant

- Cement Retained
- Screw Retained

#### Abutment

- Implant Complete
- Atlantis
- Biomet 3i
- Straumann
- Nobel Biocare
- Ankylos
- Custom Cast Abutment
- Stock Abutment

#### Abutment Material

- Zirconia
- Titanium
- Gold Hue (Atlantis Only)

#### Additional Products

- Nightguard
- Radica Provisional
- Diagnostic Wax-Up
- Rhino Sportsguard 1 Layer
- Rhino Sportsguard 2 Layer
- Rhino Sportsguard 3 Layer

#### Incoming Checklist

- Cadent iTero File
- 3M COS File
- Pictures Emailed
- Pictures Included
- Flash Drive
- Implant Abutment
- Implant Screw
- Impression
- Opposing
- Wax Bite
- P.V.S. Bite
- Stick Bite
- Slides
- Old Crown
- Study Models
- Old Models
- Face Bow
- Articulator
- Provisional

#### Shade Instructions

- Custom Shade *(Call to schedule custom shade appointment)*
- Doctor Shade

#### Porcelain Shade:

- Ivoclar \_\_\_\_\_
- VITA \_\_\_\_\_

#### Occlusal Stain:

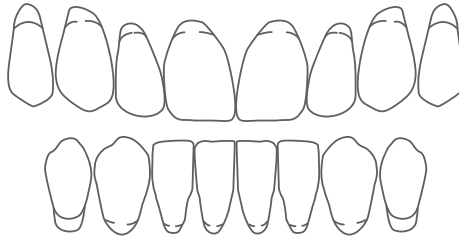
- None  Light  Medium  Dark

#### Dentin Shade (Old Guide):

- ST1  ST2  ST3  ST4
- ST5  ST6  ST7
- ST8  ST9

#### Dentin Shade (New Guide):

- ND1  ND2  ND3  ND4
- ND5  ND6  ND7
- ND8  ND9



#### Design Instructions

##### Posteriors

- Metal Coping » All Porcelain Coverage
- Metal Coping » All Porcelain Coverage
- Metal Occlusal » Excluding Buccal Cusp
- Metal Occlusal » Including Buccal Cusp
- Metal Margin \_\_\_\_\_ mm

##### Anteriors

- Metal Coping »
- Metal Collar »
- Metal Lingual »
- Metal Lingual »
- Porcelain Margin

#### Pontics

- 
- 
- 
- 

#### If No Occlusal Clearance

- Metal Occlusal
- Reduction Coping
- Spot Opposing

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. # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_  am  pm Case Pan # \_\_\_\_\_

For internal use only

Dr. to Take Pickup Impression  Dr. to Mount Case  Please Call (\_\_\_\_\_) \_\_\_\_\_

### Dentures

- |                                                 |                                          |
|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Custom Denture         | <input type="checkbox"/> Custom Tray     |
| <input type="checkbox"/> CDA Denture            | <input type="checkbox"/> Bite Block      |
| <input type="checkbox"/> Classic Denture        | <input type="checkbox"/> Reline          |
| <input type="checkbox"/> Hypoallergenic Denture | <input type="checkbox"/> Rebase          |
| <input type="checkbox"/> Softliner              | <input type="checkbox"/> Repair          |
| <input type="checkbox"/> Immediate Denture      | <input type="checkbox"/> Tissue Tinting  |
| <input type="checkbox"/> Duplicate Denture      | <input type="checkbox"/> Name in Denture |

### Partial Dentures

- Custom Wironium Partial  Name in Partial

- CDA Vitallium Partial  
 Classic Nobillium Partial  
 Flexible Partial  
 Unilateral RPD/Nesbit  
 Flipper/Stayplate  
 Flexible Clasps

### Attachments

- Ceka  
 ERA  
 Locator  
 Other \_\_\_\_\_

### Implant Dentures

- Nobel Biocare All-on-4®  Surgical Guide  
 Atlantis Conus  Verification Jig  
 Screw Retained Acrylic Hybrid  Bone Reduction Guide  
 Overdenture with Locator Bar  Provisional Denture  
 Overdenture with Attachments

### Nightguards and Therapy

#### Thermoform

- Hard/Soft Nightguard  
 Hard Nightguard  
 Soft Nightguard  
 Clear Retainer  
 Bleach Tray  
 Essex Retainer

#### Heat Cured

- Talon Hard/Soft Nightguard  
 Hard Nightguard  
 TMJ Splint

#### Sleep Apnea

- Tap III Appliance

### New Denture Instructions

Tooth Shade: \_\_\_\_\_

#### Mold

- Anterior \_\_\_\_\_  
 Posterior \_\_\_\_\_  
 Degree \_\_\_\_\_

#### Denture Base Color

- Original  Light  Medium  Dark

#### Anterior Aesthetic Requirements

- Ideal  Copy Study Model  Characterized  Diastema(s)  
 Photos  See Additional Instructions

#### Patients Facial Shape

- Ovoid  Square  Tapering

#### Posterior Functional Requirements

- Class 1 (Ideal)  Class 2 (Retrognathic)  Class 3 (Prognathic)

The patient has had their denture(s) for \_\_\_\_\_ years.

- Papillameter Reading \_\_\_\_\_  
 Alameter Reading \_\_\_\_\_

What does the patient like about their current denture(s)?

What does the patient dislike about their current denture(s)?

### Additional Instructions

Go to Finish

### Partial Design

If No Occlusal Clearance

- Metal Occlusal  Spot Opposing for Rest Seat

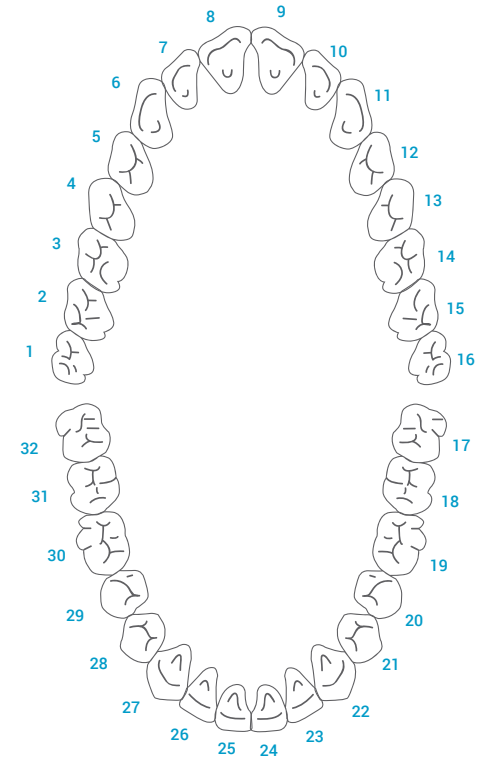
Rest Seat # (s) \_\_\_\_\_

#### Major Connector

- Lab Select  
 Horseshoe  
 Open Horseshoe  
 Palatal Strap  
 A-P Palatal Strap  
 Lingual Bar  
 Lingual w/Kennedy Bar  
 Lingual Plate  
 Labial Bar

#### Clasps

- Lab Select  
 I-Bar  
 C-Clasp  
 T-Bar  
 Ring Clasp  
 Half-and-Half Clasp  
 Multiple Circumferential



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. # \_\_\_\_\_