

Rx Date: _____ Due Date: _____

DR. _____

Patient: _____

Gender: M__ F__ Age _____

Fixed/Digital Prosthetics

SHADE 

- RESTORATION**
- Layered ZR (Lava)
 - Full ZR (Bruxor)
 - IPS e.max StumpShade _____
 - Veneers
 - PFM
 - FGC
 - Temporaries (PMMA/CAD)

- SPECIAL**
- Diagnostic Wax-Up
 - Design For Partial
 - Precision Attachments
Type _____

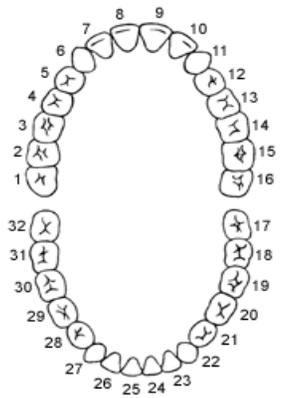
- EFFECTS**
- Incisal Translucency
None Light Medium Heavy
 - Incisal Mamelons Visible
 - Gingival Staining
 - Occlusal Pit Stain
None Light Medium Heavy
 - Opal Cusp Tips & Ridges

Implant Prosthetics

- Case Planning**
- Case Cost Estimate
 - Diagnostic Wax Up
 - NobelGuide
 - Surgical Stint

- | | | | |
|-----------------------------|--|----------------------|--|
| Implant Manufacturer | <input type="checkbox"/> AstraTech | Abutment Size | Record Implant Size @ Tooth # On Chart |
| | <input type="checkbox"/> Biomet 3i | | <input type="checkbox"/> Titanium Stock |
| | <input type="checkbox"/> Nobel Biocare | | <input type="checkbox"/> Titanium Custom |
| | <input type="checkbox"/> Straumann | | <input type="checkbox"/> Zirconia Stock |
| | <input type="checkbox"/> Zimmer | | <input type="checkbox"/> Zirconia Custom |
| | <input type="checkbox"/> Other | | |

- Restoration**
- | | |
|---|--|
| <input type="checkbox"/> Single Tooth | <input type="checkbox"/> CAD Hybrid Denture |
| <input type="checkbox"/> Multi-Tooth Singles | <input type="checkbox"/> CAD Bar Overdenture |
| <input type="checkbox"/> Multi-Tooth Splinted | <input type="checkbox"/> CAD Titanium Bridge |
| | <input type="checkbox"/> CAD Zirconia Bridge |
| | <input type="checkbox"/> CAD ALL-ON-4 |



Signature _____ Lic# _____ Call Me _____