

Pan# \_\_\_\_\_

Dr# \_\_\_\_\_

Date \_\_\_\_\_



DENTAL LAB  
**AESTHETIC PRESCRIPTION**

Doctor \_\_\_\_\_

Requested  
Return Date

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Patient \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

**Clinical Goals of Case:**

- Close Diastema     Lengthen Teeth     Change Shape     Establish Function  
 Corridor Expansion     Move Midline     Other: \_\_\_\_\_  
 VDO Changes: *Please call lab to discuss sequence of treatment planned*

**Case Directions:**

- Follow Study Models     Follow Wax-up     Occlusal Analysis     Follow Temp Model  
 Length of Centrals \_\_\_\_\_     Length of Laterals \_\_\_\_\_

**Materials Selection:**

- Wax Up     Wax Up Kit     Custom Trays    Teeth # \_\_\_\_\_

**Pressed Ceramics:**

- e.Max     Authentic    Teeth # \_\_\_\_\_  
 Empress Esthetic    Teeth # \_\_\_\_\_  
 e.Max Zirpress    Teeth # \_\_\_\_\_  
 Min Prep Veneers    Teeth # \_\_\_\_\_  
 Pressed-Over-Metal    Teeth # \_\_\_\_\_

**Stacked Ceramics:**

- PSZ (Porcelain Stacked over Zirconia)    Teeth # \_\_\_\_\_  
 PFM     High Noble     Noble     Non-Precious    Teeth # \_\_\_\_\_  
 Metal Collar on Ling / Bucal     Porc Butt Margin     360° Porc Butt Margin  
 Refractory Veneers    Teeth # \_\_\_\_\_

**Implant Abutment:**

**Implant Reference:**

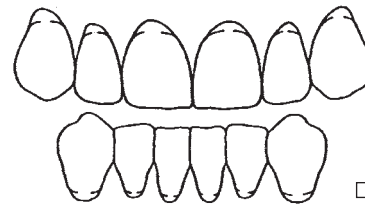
**Other:**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Custom Titanium   | <input type="checkbox"/> Size _____  | <input type="checkbox"/> Soft Tissue Model |
| <input type="checkbox"/> Custom Gold Hue   | <input type="checkbox"/> Brand _____ | <input type="checkbox"/> Lab Analog        |
| <input type="checkbox"/> Custom Zirconia   |                                      | <input type="checkbox"/> Misc              |
| <input type="checkbox"/> Stock or Standard |                                      |  |

Special Instructions \_\_\_\_\_

**Shade:**

- Cervical Shade: \_\_\_\_\_  
 Body Shade: \_\_\_\_\_  
 Incisal Shade: \_\_\_\_\_  
 Occlusal Stain: \_\_\_\_\_



Diagrams to Follow

**Preparation Shade with tooth #:** \_\_\_\_\_

- See Preparation Shade photo for details

**CEJ - CEJ:** # \_\_\_\_\_ to # \_\_\_\_\_    Preop \_\_\_\_\_ mm    Final \_\_\_\_\_ mm

**Length Desired From Margin:** Centrals \_\_\_\_\_ mm    Laterals \_\_\_\_\_ mm    Canines \_\_\_\_\_ mm

**Smile Design: Guide Used** \_\_\_\_\_    **Style** \_\_\_\_\_

**Pontic Design** \_\_\_\_\_

**Other Shade & Finish Information:**

- Incisal Translucency:  Minimal (0.5mm)     Moderate (1.0mm)     Maximum (1.5mm)  
 Shade of Translucency:  Clear     Frosted     Amber  
 Surface Texture:  High     Medium     Light     Smooth  
 Surface Morphology:  Heavy     Medium     Light     Smooth  
 OK to relieve opposing?  YES     NO \_\_\_\_\_    OK to relieve prep?  YES     NO     w/Reduction Coping \_\_\_\_\_

**Preferred method of communication:**     Phone     E-mail

**Additional Information:**

**Terms:** Balances not paid within 30 days of statement are subject to a delinquency charge. Accounts that become 45 days past due will be placed on C.O.D., and a portion of the remaining balance will be added to each case delivered thereafter. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

Dentist's Signature \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_