Pan# _____

Dr# _____

Date: _____

# Gold Dust
### DENTAL LAB

## DIAGNOSTIC WORK UP

Doctor _____ Request Return Date _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Phone_____

Patient _____ M/F _____ Age _____

**Clinical Goal of Case**  ☐ Functionally Driven  ☐ Aesthetically Driven

☐ Close Diastema  ☐ Lengthen Teeth  ☐ Shorten Teeth  ☐ Establish Function

☐ Corridor Expansion  ☐ Move Midline____ mm  ☐ Change Midline  Cant  ☐ Change Incisal  Cant

☐ VDO Changes:  = ☐ Add _____ mm  ☐ Decrease _____ mm

**Materials Selections:**

☐ Wax Up  ☐ Additive Only  ☐ Digital Dx No Kit

☐ Wax Up Kit  ☐ Digital Dx Design Only  ☐ Digital Dx Kit

**Design:**

☐ Crown Design  Teeth # _____

☐ Veneer Design  Teeth # _____

☐ Min Prep Veneer  Teeth # _____

☐ Bridge or Future Extraction  Teeth # _____ Pontic Design _____

☐ Future Implant Sites: _____

☐ Adjust Gingiva, Crown Lengthening _____ mm

**Articulator:**

☐ Brand _____  Facebow: ☐ Facebow follows interpupillary line  ☐ Other: _____

**Items to  Send :**
Upper and Lower impression, models or Intraoral scan
CR bite (after Deprogrammers), MIP Bite
FaceBow
3 Photos - Lip in Repose ( say Emma), Open Mouth smile (say Sea) and Full Smile.

**Terms:** Balances not paid within 30 days of statement are subjected 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 deliverd thereater. The dentist will be responsible for all collection cost including attorney's fees incurred in th event that accopunt collection becomes necessary.

Dentist's Signature_____

License # _____ Date _____

Gold Dust Dental, Inc.  2242 S. McClintock, Suite 1   Tempe, Arizona 85282
(480) 968-6131  1-800-513-6131  FAX (480) 968-8831  EMAIL: info@golddustdental.com

**Desire shade change to:**

_____



**Length Desire from Margin:**  Centrals _____ mm  Laterals _____ mm  Canines _____ mm

Smile Design Guide Used _____ Style _____

Surface texture desire: ☐ Smooth  ☐ Light  ☐ Medium  ☐ Heavy

OK to relieve opposing: ☐ YES  ☐ NO _____

**Preferred Method of Communication:** ☐ Phone  ☐ E-mail  ☐ Zoom  ☐ Facetime

Additional Information:

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For General Restorative Rx go to www.golddustdental.com or submit online go to www.golddustdental.com and select Client Services.

**LABORATORY COPY**