Pan# Dr#	Told Ju	DENTAL LAB	Under Grightness) Under Grightness Under Grif	
Date	RE!	STORATIVE RX	© □ Other	
	Requested		op e G Occlusal Halo	\bigcirc
Doctor				
Address	E-mai	1	□ None □ □ Bamboo (Pale Yellow)	U
City	State Zip	Phone	□ Bamboo/Orange □ □ Copper □ □ Lt. Brown	
Patient		M/F Age	Shade	Prep Sh
All Ceramic			Pit/Fissure stain □ None	☐ Light ☐ M
☐ Empress Esthetic ☐ e.i	max press	onia 🗆 Authentic	Color \(\subseteq \text{Yellow}	☐ Orange ☐ H
Custom Implant Abutmente	☐ Zirconia ☐ Gold Hue ☐ Titaniun	n □a May □ Stock	Hypo Calcification □ Light	☐ Medium ☐ I
	Zarconia 🗀 Gold flue 🗀 Hamidi	н 🗀 елиах 🗀 810СК	OK to relieve opposing?	
Composite			OK to relieve prep.?	🗆 YES 🗆 NO
☐ Premise ☐ Prem	nise w/Connect		Items Included With Case:	Master Impression
☐ PSZ (Porcelain Stacked o	over Zirconia) 🗆 Lava 🗀 3M Essent	ial Zirconia	☐ Opposing Impression or Mode☐ Model or Impression of Provis	l Pre-operative mo
PFM (Porcelain Fused to Me	etal)		Scan Submitted With: Cerec	Connect
☐ Metal collar on Ling./Buccal	☐ No metal collar	☐ Porcelain Butt Margin		
☐ Metal Occ./Ling.	☐ Metal bite stop	☐ 360° Porcelain Butt Margin	Preferred method of communi	cation: Phone
Alloy				
☐ High Noble	□ Noble	☐ Non-Precious (Base Metal)		
Full Cast Gold ☐ High Noble Yellow ☐ N	Noble Yellow	Non Precious		
Gold Rush Posterior Depart	()	and for all Porcelain and POM.		
\square Empress Esthetic \square e.max	press Authentic 9 Day turn	n around time Zirpress.)		
☐ POM (Porcelain over Metal) ☐	e.Max Zirpress to Zirconia 🔲 Full Co	ntour Zircornia		
Requirements and Inform	nation available @ www.goldrushdent	al.com		
Pontic Design				
Ovate Full Lap	Buccal Buccal Sanitary Lap Tip Contact	Spaced VES NO		
mm. Lap		Spaced YES NO		
\mathcal{M}		mm.		
		, ,		
placed on C.O.D., and a port	days of statement are subject to a delinquency charge tion of the remaining balance will be added to each cas including attorney's fees incurred in the event that acco	e delivered thereafter. The dentist will be respon-		
Dentist's Signature				
License #	Date			

Value (Brightness) High = Bright 030/B0 Medium = 240/D2 Low = Dark 540/C4 Other		3 4 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	st to be Restored 9 10 11 12 11 13 15 16 17 17 18 18 19 20 21 22 22			
Shade Prep Shade w/Tooth #'s						
Pit/Fissure stain None L Color Yellow C	ight ☐ Medium Drange ☐ Brown	☐ Heavy ☐ Dark Brown				
<i>,</i> 1	Medium					
OK to relieve opposing?		☐ w/Reduction Coping				
Items Included With Case: Master Impression - Qty						
Preferred method of communication:	Phone E-mail					