CEJ - CEJ: to # # Preop __________ mm Final __________ mm

Length Desired From Margin:
Centrals __________ mm Laterals __________ mm Canines __________ mm

Shade:
Cervical Shade: __________ Body Shade: __________ Incisal Shade: __________ Occlusal Stain: __________

Preparation Shade with tooth #:
See Preparation Shade photo for details

Prep __________ mm mm mm

Occlusal Stain: __________

Smile Design: Guide Used____________________ Style __________________________________________

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_________

Pontic Design ___________________________________________________________________________

Additional Information:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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

Items Included With Case:
☐ Master Impression - Qty. __________ ☐ Media Card __________
☐ Opposing Impression or Model __________ ☐ CD/DVD __________
☐ Model or Impression of Provisionals __________ ☐ Photos - Qty. __________
☐ Custom Impression Copings - Qty. __________
Scan Submitted With: ☐ iTero ☐ 3Shape Trios ☐ Cerec Connect ☐ Lava C.O.S. __________

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 invoice 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 __________ Date __________

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