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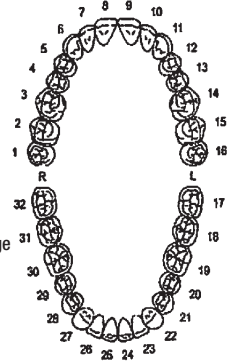


*esthetic* design lab



Doctor Name: \_\_\_\_\_ Due Date: \_\_\_\_\_ Sex:  M  F  
 Patient Name: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_

**Please Identify Tooth Numbers In The Blanks Below:**



**All Ceramic**

- E. max Classic
- E. max Premium
- E. max Deluxe
- Zirconia Classic
- Zirconia Premium
- Zirconia Deluxe
- Splinted
- Implant

Stump Shade Request Below\*

**Implant Abutments**

- Implant System \_\_\_\_\_
- Cad Zirconia
- Cad Titanium
- Stock Abutment
- Other \_\_\_\_\_

**Fixed Removables**

- Zirconia Implant Bridge
- Titanium/Zirconia Implant Bridge
- Titanium/Acrylic Hybrid
- CAD Titanium Bar Overdenture

**Additional**

- Acrylic/Composite Try In (ATI)
- Metal Try In
- Bisque Try In
- Prototype

Attachment Type \_\_\_\_\_

Parts Sent With Case \_\_\_\_\_

**Removables**

- U/L Custom Tray
- U/L Survey + Design
- U/L Vitalium Frame w/Bite
- U/L Bite Block
- U/L Tooth Set Up
- U/L Reset Teeth
- U/L Process Case
- U/L Flipper Partial
- U/L Wire Clasps
- U/L Repair
- U/L Immediate Case \_\_\_\_\_  
(Teeth to remove)

**Preliminary Restorations**

- Study Models
- Diagnostic Wax Ups
- Temporary
- Evaluation/Tx Plan
- Surgical Stint
- Confirmation Jig
- Bleaching Trays
- Night Guards
  - Hard/Soft
  - ThermoGuard
  - Hard

**Contacts**

- Normal
- Heavy + Broad
- Point

**Tissue Displacement**



- None
- Slight
- Aggressive

**If No Occlusal Clearance:**

- Lab Should Contact Dentist
- Reduction Coping
- Mark/Reduce on Opposing
- Place Metal Island

**Shade**

\_\_\_\_\_ \* \_\_\_\_\_  
 Stump Shade

**Occlusal Staining**

- Light
- Medium
- Dark
- None



**Special Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License Number: \_\_\_\_\_