

## DOCTOR INFORMATION **Photos Required for All Anterior Cases** Tooth #: \_\_\_ Shade Staining Name If There is Not Enough Clearance: Requirements to Send Cases: Pre-op photos to identify O Adjust Opposing Tooth natural teeth to be preserved or eliminated; Photos of teeth None Address O Make Metal Occlusal to be matched with shade tab (include identifying number); Light O Reduction Coping Photos of teeth to be matched showing surface detail Phone Email Medium Dr. Notes: Stump Shade: \_\_\_ PATIENT INFORMATION Please email photos to lab@dentalfex.com Name Sex Age AM П РМ Prep Date Due Date **PORCELAIN FUSED TO METAL FULL CAST CROWN(S) ALL CERAMIC METAL DESIGN** O High Noble (Yellow) O Feldspathic/Refractory O Porcelain Butt Margin O High Noble Yellow (High Gold) O PFZ (Porcelain Fused to Zirconia) O High Nobel (White) O 360 Meal Band O High Nobel White (Med. Gold) O Lithium Disilicate Full Contour O Semi-Precious (Zero Gold) O Noble (Yellow) O Lingual Band Only O Nobel (White) O Layered Lithium Disilicate O Chrome Cobalt (Non-Precious) O Metal Lingual O Full Contour Zirconia/BruxZir (1150 MPa) O Metal Occlusal O Metal Try-In **DESIGN PREFERENCES** Implant Emergence: O Full O Standard O Straight **IMPLANTS** Do you have a laser for contouring tissue? O Yes O No O Porcelain-to-Margin O Sanitary (off the ridge) O Cement Type **Gingival Embrasures:** O Screw Retained O Open O Closed O Porcelain Ridge Lap O Porcelain Butt Margin Ridge Lap System Name: \_\_\_ (shoulder prep required) **Abutment Material:** Size: \_\_\_\_ O Ovate Pontic O Lingual Collar mm O Titanium O Ceramic O Gold Hue O TiZir Hybrid O Dr. will order all necessary parts Margin Depth: F/B: M: D: L: O Lab will order all necessary parts O Modified O Full Metal Collar \_\_\_\_ mm CALL ME