

Rx Form:

For your convenience, this form is available on our website.

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Date: _____ **Due Date:** _____

Doctor's Name: _____

Doctor's Email: _____ **License #** _____

Patient Name: _____ **Gender:** M F **Age:** _____

Goal of Final Case:

- Close Diastema
- Lengthen Teeth
- Change Shape
- Widen Buccal Corridor
- Feminize Smile
- "Youthenize" Smile
- Move Midline
- Replace Existing PFM's
- Other _____

Items Included with Case:

- Master Impression (Qty. _____)
- Oposing Impression or Model
- Pre-operative Models
- Diagnostic Wax-up
- Bite Registration w/stick
- Bite Registration w/o stick
- Facebow Transfer Jig (Manufacturer _____)
- Model or Impression of Provisionals
- Matrix for Determining Buccal-Lingual Position of Centrals
- Photos (Qty. _____)
- Slides (Qty. _____)
- Media Card (Qty. _____)

Teeth to be Restored: _____

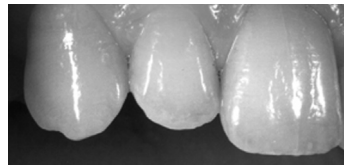
Type of Restoration: Feldspatic Pressed Ceramic Milled Ceramic

Details: _____

Shade of Preparation: Core Shade Teeth #s _____

Shade: (see photograph at right)

Body Shade _____ Gingival Shade _____
Incisal Shade _____ Occlusal Staining _____



Shape:

- Smile Design Handbook _____
- Smile Guide Design # _____
- Match Photographs Included _____
- Smile Catalog Design _____

Length: Centrals _____ mm Laterals _____ mm Canines _____ mm

Special Length Instructions: _____

- Incisal Translucency** Minimal (0.5mm) Moderate (1.0 mm) Maximum (1.5mm)
- Shade of Translucency** Clear Smoke Frosted Amber
- Surface Texture** High Medium Light Smooth (no surface texture)
- Surface Finish** High Glaze Polished Gloss Satin Finish Low Gloss

Miscellaneous Info: _____

Additional information on back