

**Case Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

License #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Due Date: \_\_\_\_\_  
 Pre-Scheduled

Email: \_\_\_\_\_ Preferred Communication: Email Phone

Patient Name: \_\_\_\_\_ Pre-Op Shade: \_\_\_\_\_

Male Female Age: \_\_\_\_\_ Requested Shade: \_\_\_\_\_

Adjacent Restorations Present Yes \_\_\_ No \_\_\_  
 All teeth same color and value Pt. Bleaching

Adjacent Tooth #'s Restored: \_\_\_\_\_  
 Gradient of color Occl. Stain

Restorative Material Used: \_\_\_\_\_

Send Photos to: photos@precisiondentalarts.com

**Materials Sent:** Impression(s) Bite Record Study Models Opposing Model  
 Shade Tab Photos / Card E-mail X-rays Dicom Data  
 Implant Analog Implant Abutment(s) Intra – Oral Scan

**Scan Bodies Used:** \_\_\_\_\_

**Lab Please Call to Discuss** Please Send  
 Overall Case Materials Esthetics Occlusion Boxes Prescriptions  
 Other: \_\_\_\_\_

**Diagnostic Wax-Up**

Total # Units: \_\_\_\_\_  
 Veneer Teeth #'s: \_\_\_\_\_  
 Crown Teeth #'s: \_\_\_\_\_  
 Onlay-Veneer #'s: \_\_\_\_\_  
 Posterior-Teeth #'s: \_\_\_\_\_  
 Duplicate Silicone Index Copyplast

**Provisional Restorations**

Total # Units: \_\_\_\_\_  
 Tooth #'s: \_\_\_\_\_

**Anterior Restorations**

Total # Units: \_\_\_\_\_  
 Layered Tooth #'s: \_\_\_\_\_  
 Stained Only Tooth #'s: \_\_\_\_\_

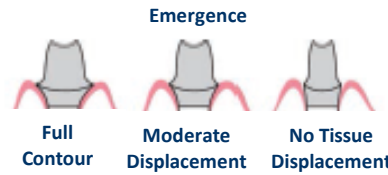
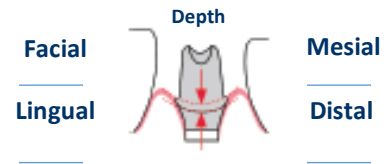
**Removable Restorations**

Denture : Milled \_\_\_ Conventional \_\_\_  
 Overdenture : Conus Type \_\_\_ Locator \_\_\_  
 RPD : Frame Only \_\_\_ Max \_\_\_ Mand \_\_\_  
 Occlusal Guard : Hard \_\_\_ Bi- Matrix \_\_\_

**Bridge Pontic Design**

Ovate Adjust Ridge Accordingly  
 Ridge Lap No Ridge Adjustments

**Abutment Margin Design**



**Abutment Surface**  
 Micro – Etched \_\_\_ Polished \_\_\_

**Margin Type**  
 Shoulder \_\_\_ Chamfer \_\_\_  
 Depth \_\_\_ mm

**Implants placed by:**

Implant Brand: \_\_\_\_\_  
 Implant Sizes: \_\_\_\_\_  
 Implant Site #'s: \_\_\_\_\_

**Abutment Preferred**

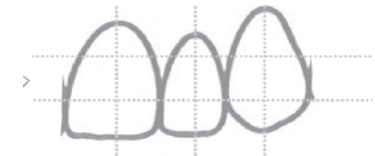
**Technicians Preference Y \_\_\_ N \_\_\_**  
**USE OEM PARTS ONLY Y \_\_\_ N \_\_\_**  
 Stock: Titanium \_\_\_ Zirconia \_\_\_  
 Custom: Cast \_\_\_ Titanium \_\_\_ Zirconia \_\_\_  
 Milled: Titanium \_\_\_ Shaded Titanium \_\_\_  
 Hybrid: Pressed with Ti Interface \_\_\_  
 Milled Zirconia with Ti Interface \_\_\_  
 One Piece Screw Retained \_\_\_

\_\_\_ Make Custom Incisal Guide Table From:  
 Pre\_Op Casts Provisional Casts  
 \_\_\_ Develop Anterior Guidance (Cuspid)  
 \_\_\_ Develop Group Function  
 \_\_\_ Open Vertical Dimension by \_\_\_ mm

**IF NOT ENOUGH RESTORATIVE ROOM**

\_\_\_ Adjust Opposing Teeth \_\_\_ Adjust Preparation

**Shade Diagram**



**Technicians Preference Y \_\_\_ N \_\_\_**

**Metal Ceramic (PFM)**

Tooth #'s: \_\_\_\_\_

**Alloy Selection:**

High Noble White Yellow  
 Noble White

Metal-Ceramic Junction: \_\_\_\_\_ mm  
 Metal Lingual Collar Only 360° Metal Margin

Porcelain Butt Margin: Y \_\_\_ N \_\_\_

**All Ceramic**

Tooth #'s: \_\_\_\_\_

Empress E-Max  
 Full Contour Zirconia Layered Zirconia  
 Enamic Feldspathic

**Full Cast Crown/Onlay**

Tooth #'s: \_\_\_\_\_

**Lab use only: Alloy** \_\_\_\_\_ **Weight** \_\_\_\_\_ dwt **Ingot** \_\_\_\_\_ **CAM** \_\_\_\_\_ **Pre-Scheduled** Yes \_\_\_ No \_\_\_ **Waranteed** Yes \_\_\_ No \_\_\_ **Code** \_\_\_\_\_ **YZ** \_\_\_\_\_ **2<sup>0</sup>** \_\_\_\_\_