



9 Walden Ridge Dr., STE 30 Asheville, NC 28803, Ph: 828-665-2257
 125 Edgeworth St., Greenville, SC 29607, Ph: 864-295-1220

Doctor Name _____ Pan # _____
 Patient Name _____
 Today's Date _____ Received _____
 Seat Date & Time _____ (Required)

REMOVABLE

DENTURES

UPPER LOWER

 CUSTOM TRAY BITE RIM
 WAX SET-UP/TRY-IN FINISH

 STANDARD ECONOMY
 SHADE: _____ MOULD: _____

 IMMEDIATE

PARTIALS

UPPER LOWER

 ACRYLIC FLEXIBLE
 METAL FRAMEWORK

 CUSTOM TRAY BITE BLOCK
 WAX SET-UP/TRY-IN FINISH

 SHADE: _____ MOULD: _____

 IMMEDIATE
 TOOTH EXTRACTION #S _____

NIGHT GUARDS/OCCUSAL SPLINTS

UPPER LOWER
 HARD HARD/SOFT
 Design _____

REPAIRS

RELINE REBASE
 ADD TOOTH # _____
 OTHER _____

FIXED

ZIRCONIA/ALL-CERAMICS

FULL CONTOUR ZIRCONIA
 PORCELAIN FUSED TO ZIRCONIA
 IPS E.MAX/LITHIUM DISILICATE

PFMs

NON- PRECIOUS **Select if needed**
 NOBLE PORCELAIN MARGIN
 HIGH-NOBLE METAL LINGUAL/

Select Color OCCLUSAL
 YELLOW
 WHITE

FULL CAST

NON - PRECIOUS **Select Color**
 NOBLE YELLOW
 HIGH-NOBLE WHITE

IMPLANTS

CEMENT SCREW-RETAINED
 IMPLANT BRAND AND SYSTEM _____

 PLATFORM SIZE/DIAMETER _____

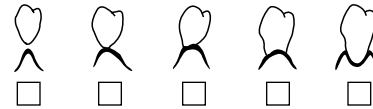
CUSTOM TITANIUM ABUTMENT
 MOUNTAIN OTHER _____
 STOCK ABUTMENT

PROVISIONALS

ABUTMENT #S _____
 PONTIC #S _____

SHADE

PONTIC DESIGN

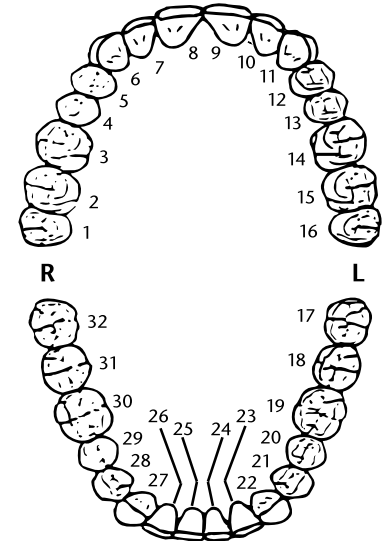


STUMP SHADE

TOOTH #S

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

CASE DESIGN



 SIGNATURE _____ TYPE IMP _____ OPPOSING _____ BITE _____

 LICENSE # _____ DATE _____ PRE-OP _____ PARTIAL _____ OTHER _____
