



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

Patient Name

Today's Date

Seat Date & Time

Pan #

Received

(Required)

RETURN FOR:

☐ DIE TRIM

☐ BISQUE TRY-IN

☐ METAL TRY-IN

REMOVABLE

DENTURES

- ☐ UPPER ☐ LOWER
- ☐ CUSTOM TRAY ☐ BITE RIM
- ☐ WAX SET-UP/TRY-IN ☐ FINISH
- ☐ STANDARD ☐ ECONOMY
- ☐ DIGITAL STANDARD ☐ DIGITAL GRADIENT
- ☐ IMMEDIATE

SHADE: _____ MOULD: _____

PARTIALS

- ☐ UPPER ☐ LOWER
- ☐ ACRYLIC ☐ FLEXIBLE
- ☐ METAL FRAMEWORK
- ☐ WAX SET-UP/TRY-IN ☐ BITE BLOCK
- ☐ FINISH

☐ IMMEDIATE

TOOTH EXTRACTION #S _____

NIGHT GUARDS/OCCLUSAL SPLINTS

- ☐ UPPER ☐ LOWER
- ☐ HARD ☐ HARD/SOFT ☐ ESSIX

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/OCCLUSAL

FULL CAST

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

IMPLANTS

- ☐ CEMENT ☐ SCREW-RETAINED

IMPLANT BRAND AND SYSTEM _____

PLATFORM SIZE/DIAMETER _____

☐ MOUNTAIN DENTAL LAB ABUTMENT

☐ ATLANTIS ABUTMENT

☐ OEM/PREMIUM ABUTMENT

MANUFACTURER _____

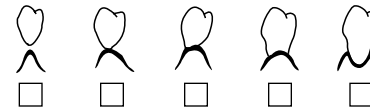
PROVISIONALS

ABUTMENT #S _____

PONTIC #S _____

SHADE

PONTIC DESIGN

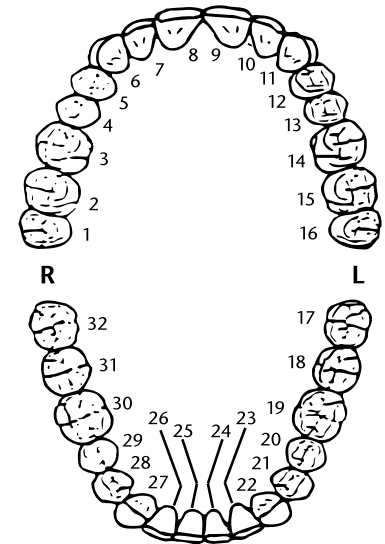


STUMP SHADE

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



OFFICE ADDRESS/LOCATION _____

PHONE # _____

SIGNATURE _____

TYPE IMP _____

OPPOSING _____

BITE _____

LICENSE # _____

DATE _____

PRE-OP _____

PARTIAL _____

OTHER _____