

DOCTOR AND PRACTICE

Doctor	Practice	License #
Phone	Email	Practice address

PATIENT AND CASE

Patient name or ID	Date sent	Date needed	☐ Rush (call to confirm)
			☐ Try-in / bisque bake

TEETH (UNIVERSAL NUMBERING)

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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Upper arch (1-16) above, lower arch (32-17) below, as viewed facing the patient.

RESTORATION TYPE

☐ Single crown	☐ Bridge	☐ Veneer	☐ Inlay / onlay
☐ Implant crown	☐ Implant bridge	☐ Custom abutment	☐ Night guard

MATERIAL

☐ Zirconia (monolithic)	☐ Zirconia (layered)	☐ E.max	Alloy / brand preference
☐ PFM	☐ Full cast / gold	☐ Lab to advise	

SHADE

Target shade	Stump shade	Shade guide used	☐ Request shade appointment

IMPLANT DETAILS

System	Platform / connection	☐ Screw-retained	☐ Scan body scan sent
		☐ Cement-retained	☐ Components enclosed

CONTACTS, OCCLUSION AND INSTRUCTIONS

Special instructions

ENCLOSED / SENT

☐ Digital scan	☐ Impression	☐ Opposing	☐ Bite	☐ Photos	☐ Models
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Doctor signature	Date