

DOCTOR: _____

DATE WANTED: _____

DR. SIGNATURE: _____ DATE: _____

ADDRESS: _____

PT: _____ AGE: _____ SEX: M F

TOOTH #S _____ SHADE: _____

FIXED

- Prec
- Non-Prec
- Porc Butt
- E-Max
- Layered Zirconia
- Full Zirconia
- Yellow Gold
- Milled Temps

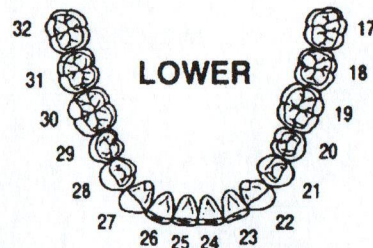
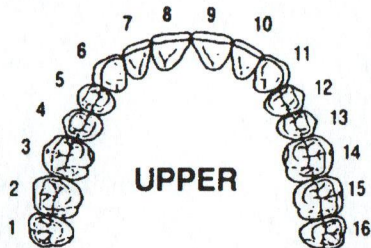
MOULD: _____

DENTURE

- U L Bite Block
- U L Cust. Tray
- U L Try-In
- U L Finish
- U L Softliner
- U L Dual Dents

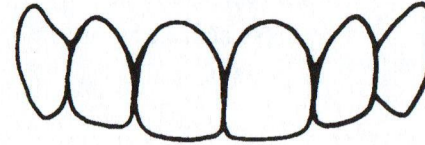
PARTIAL

- U L Design
- U L Frame
- with Bite Block
- with Set-Up
- Processed



TEAM ROOT

(800) 874-5609



PLEASE SEND STUDY MODEL

Previous RX Info:

COSMETICS/ESTHETICS:

INCISAL EDGE POSITION

- ROOT LAB FAKE
- COPY PRE-OP MODEL
- COPY TEMPS
- COPY WHITE WAX
- OVERBITE
- OVERJET
- OCCL. ANTERIORS
- METAL TRY-IN
- WHITE WAX
- FINISH
- PINK

FUTURE WORK ON OPPOSING?

? ANTERIOR GUIDANCE ?

ESTHETICS

- NATURAL
- HOLLYWOOD
- COPY STUDY MODEL
- PT. APPROVED WHITE WAX

VERTICAL

- OPEN/CLOSE BITE
- AS SET

CLOSE GINGIVAL EMBRASURES? Y N
LONG AXIS/MIDLINE

DENTURE/PARTIAL CRITERIA:

POSTERIOR OCCLUSION

- ABC Cutters
- Flat Plane
- Functional
- Lingualized

GINGIVAL TONE BASE SHADE

- Lifelike
- Standard
- Orig. Light
- RP LRP
- Dark Unfibred
- BP