

Dr \_\_\_\_\_ Date: / / \_\_\_\_\_ Patient Name(Last) \_\_\_\_\_  
 Address \_\_\_\_\_ (First) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex: \_\_\_\_\_ OFemale \_\_\_\_\_ OMale \_\_\_\_\_ Age \_\_\_\_\_  
 Phone:( ) - \_\_\_\_\_ Fax:( ) - \_\_\_\_\_ Due date: \_\_\_\_\_

**Mandatory Information**

**Please provide us with the following items for better results**

**Photo Info**

Pre-op/Provisional     Dental close-up

Smile with lips     Profile smile

Facial with smile

**Study Case**

Original

Provisional

**Lab Use Only**

**Notes:**

**All Ceramic Restorations**

**9 Veneer #**

Full Porcelain Jacket # \_\_\_\_\_

e.max teeth # \_\_\_\_\_

PFZ teeth # \_\_\_\_\_

**Wax Up**

Diagnostic teeth # \_\_\_\_\_

Mock up teeth # \_\_\_\_\_

**Temp**

Temporary # \_\_\_\_\_

**Implants**

**Implant type / Brand:**

Screw retained     Hybrid bar

Cement retained     Custom abutment

Treatment cost evaluation     Surgical Stent

**Porcelain Fused to Metal**

Single castings     Bisque Bake     One piece casting     Finish

Teeth # \_\_\_\_\_

Facial Collar     Yes     No     No lingual collar

Porcelain butt margin    Teeth # \_\_\_\_\_

**Implants**

**Shade:**

Higher Value

Regular Shade

Translucent

Length of Centrals: \_\_\_\_\_

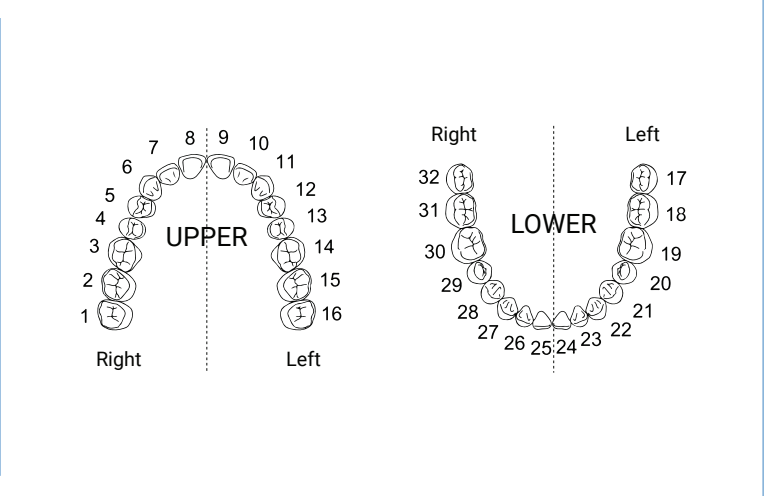
Original #8 → Final #8    Original #9 → #9

Stamp Shade: (for all ceramic restorations)

Final Shade: \_\_\_\_\_

LVI Smile Catalog# \_\_\_\_\_

**Special Instructions**



Dr Signature \_\_\_\_\_