DUE DATE: _____ Incoming Date _____

LAB USE ONLY

DR. NAME _____ DR. PHONE _____

PATIENT NAME _____ AGE _____ SEX: ☐ M ☐ F

ADDRESS _____ E-MAIL _____

SANDIEGO
COSMETIC DENTAL LAB
861 Harold Pl • Suite 106 • Chula Vista Ca, 91914
619 426-0294 / 619 426-0297
www.SanDiegoCosmeticDentalLab.com

☐ Vista Classic
☐ Vista 3D
☐ Chromascop
☐ Noritake
☐ Other

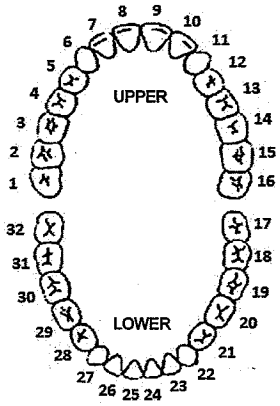
STUMP SHADE

Enclosed with Case:

☐ Master Impresion ☐ Opposing ☐ Bite Registration ☐ Implant Parts ☐ Pre-op ☐ Provisional Model/ imp ☐ Diag Wax ☐ Other

Email case photos to: **sandiegocosmeticdentallab@gmail.com**

INSTRUCTIONS:



TYPE OF RESTORATION

FULL CONTOUR ZIRCONIA
☐ High Translucent** Multilayer
☐ Solid Zirconia** (Posterior)

ZIRCONIA LAYERED
☐ Zirconia Layered (clean Dentin)
☐ Zirconia Layered to Cover Metal Abutment / Dark Stump Shade or Metal Post
☐ Facial Layer (No room / Bruxzir)

LITHIUM DISILICATE / E-MAX
☐ Monolithic
☐ Cutback Layered

TEMPORARIES
☐ **PMMA** Temporary ☐ **3D Printed** Temporary

DIAGNOSTIC WAX UP Goal of final case
☐ Close Diastema
☐ Move Midline
☐ Lenghten teeth ___ mm
☐ Change Shape
☐ Clear Prep. Stent
☐ Putty Provisional Stent
☐ Other

IMPLANT ABUTMENTS
☐ AUTHENTIC ☐ GENERIC
☐ Titanium Abutment
☐ Gold Shade Titanium Abutment
☐ Zirconia Abutment whit Ti-Base
☐ Re-Shape (Prefabricated Abutment)

IMPLANT CROWNS
☐ Cement Retained ☐ Screw Retained

PLEASE SPECIFY SIZE AND TYPE OF IMPLANT
Size _____ Type _____

ABUTMENT EMERGENCE PROFILE

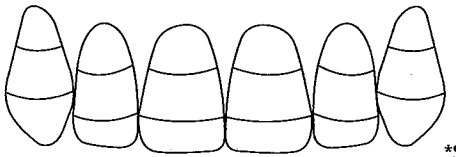
☐ Contour Tissue ☐ Tissue Displacement ☐ No Tissue Displacement

FULL ARCH
☐ Zirconia
☐ Hybrid Zirconia + Ti Bar
☐ PMMA
Tissue Shade: ☐ Light Pink ☐ Medium ☐ Dark

Signature _____ D.D.S. License #_____

SMILE DESIGN

COSMETICS RESTORATIONS



Desired Shade _____

Stump Shade _____

*Support info for cosmetics available at our website

SURFACE TEXTURE ☐ Smooth ☐ Medium ☐ Rough

SURFACE GLAZE ☐ Shiny ☐ Medium ☐ Polished

DOCTOR'S PREFERENCE

CONTACT DOCTOR
☐ Call Dr.
☐ E-Mail Dr.
☐ Text Dr.

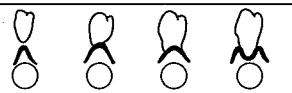
IF NO OCCLUSAL CLEARANCE
☐ Spot Opposing ☐ Reduction Coping
☐ Spot Prep ☐ Call Doctor

IF THERE IS UNDERCUT
☐ Call Doctor ☐ Reduce Die and Mark ☐ Reduction Coping

OCCLUSAL CONTACT
☐ Out ☐ Light ☐ Contact

PROXIMAL CONTACT
☐ Light ☐ Heavy ☐ Bread

OCCLUSAL STAINING
☐ None ☐ Light ☐ Medium ☐ Dark

PONTIC DESIGN

Sanitary Half Ridge Lab Full Ridge Lab Ovate

861 Harold Pl Suite 106, Chula Vista, CA 91914 619 426.0294 / 619 4260297

All accounts 30 Days past due will have a 1.5% late fee added to the balance.