### Doctor Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Dr:</td>
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<tr>
<td>Ln:</td>
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</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, St, Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>( ) -</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
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### Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Pt:</td>
<td></td>
</tr>
<tr>
<td>Dd:</td>
<td></td>
</tr>
<tr>
<td>Stump:</td>
<td></td>
</tr>
<tr>
<td>Ingot:</td>
<td></td>
</tr>
<tr>
<td>Transfer Die:</td>
<td></td>
</tr>
<tr>
<td>Tissue:</td>
<td></td>
</tr>
<tr>
<td>Scanned:</td>
<td></td>
</tr>
<tr>
<td>Milled:</td>
<td></td>
</tr>
<tr>
<td>Zircon Coping:</td>
<td></td>
</tr>
<tr>
<td>E-Max Cad:</td>
<td></td>
</tr>
<tr>
<td>Reduct Coping:</td>
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### Return by 5pm On:

<table>
<thead>
<tr>
<th>Date of Return</th>
<th>Time of Return</th>
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### Type of Restoration

- Diagnostic Wax-Up
- LVI Fixed Orthotic
- Removable Neuromuscular Orthotic
- e.max, Empress
- Zirconium
- belleGlass/Sinfony/Cristobal
- Porcelain to Metal
- Full Cast Gold
- Implant
- Future Partial
- Other

### Occlusal Surface

- Metal
- Porcelain
- Porc Butt Shoulder
- Titanium

### Buccal Margins

- Feather Margin
- Metal Band
- Non-Precious
- Semi-Precious
- High Noble White
- High Noble Yellow

### Type of Metal

- Non-Precious
- High Noble White
- High Noble Yellow

### Opposing Teeth to be Restored

- Yes
- No
- Relieved

### Shade & Characterization Charting

<table>
<thead>
<tr>
<th>Gingival:</th>
<th>Body:</th>
<th>Incisal:</th>
<th>Stump:</th>
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</thead>
</table>

### Checklist

- U/L Impressions
- U/L Models
- Opposing Models
- Approved Temp Models
- Diagnostic WaxUps
- Bite(s)
- Refined Bite Stent
- Photos
- Shade
- Smile Design
- Horizontal Reference
- Manage the Bite Form
- Call Before Proceeding
- Send Prescriptions
- Send Mailing Labels
- Disinfect Every Case
- Other

### Signature of Dentist

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>License #:</th>
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Terms: Net 15th of the month following statement date. Invoices 30+ days past due will be subject to a finance charge of 1.5% per month. Annual percentage rate of 18%. Accounts 60 days past due will automatically be subject to COD terms.
**For Lab Use Only**

<table>
<thead>
<tr>
<th>IMPRESSIONS</th>
<th>MODELS</th>
<th>ATTACHMENTS</th>
<th>DR WDL</th>
<th>IMPLANT PARTS</th>
<th>INV &amp; CLEAN</th>
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</thead>
<tbody>
<tr>
<td>L-ANT</td>
<td>L-3/4</td>
<td>SMILE GUIDE PLASTIC SLEEVE SEAT CROWN</td>
<td>U-ANT</td>
<td>U-3/4</td>
<td>DR'S NOTES ABUTMENT SCREW WEIGHT</td>
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<tr>
<td>U-QUAD</td>
<td>U-3/4-M-M</td>
<td>CD ZIRC ABUTMENT OPAQUE</td>
<td>L-QUAD</td>
<td>L-3/4-M-M</td>
<td>FLASH DRIVE HEALING ABUTMENT METAL FINISH</td>
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<tr>
<td>FA-3-T</td>
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<td>EMPRESS LOCATOR HOUSING PORCELAIN</td>
<td>Q-3-T</td>
<td>L-QUAD</td>
<td>ZIRCONIUM QC CHECK</td>
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<tr>
<td></td>
<td>*PARTIAL</td>
<td>PFM Trimmed solid model</td>
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<td></td>
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<tr>
<td></td>
<td>*PICK UP</td>
<td>IMPRESSION</td>
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</table>

**BELLE or bridge**

- **BITES AND HORIZONTAL REFERENCES**
  - **NMO**
    - Centric Bite (thin) Fox Plane CALIPER/COMPASS Extra die if FGC
    - Myo or Tens Bite (thick) Bite Fork SHADE TABS Extra die for packing core
    - Kois (with plastic) Bite Stent (relined) OLD MODEL WORK Transfer die(s) numbered
    - Symmetry Bite Cranial Base (relined) DR'S OWN ARTICULATOR & TYPE plus note included
    - Stick Bite Palatal (relined)
    - Yaw Bite Wax Bite Working model numbered
    - Sapphire Bite Working dies numbered

**DIAGNOSTICS**

- **U-PRE-OP MODEL**
  - L-FA-M-M-FIXED ORTH Articulation rechecked
- **L-PRE-OP MODEL**
  - BITE STENT unlined Bite used
- **U-TEMP MODEL**
  - PALATAL Articulation pin # recorded
- **L-TEMP MODEL**
  - REDUCTION GUIDE Acculiner transfer Stratos
  - U-TEMP IMPRESSION CRANIAL BASE
- **L-TEMP IMPRESSION**
  - U-SILTECH Pin exposed @ bottom of base
  - L-FA-M-M-DX WX L-SILTECH Model & pins clean
  - U-FA-M-M-DX WX DUAL SILTECH Model & base flush
- **U-FA-M-M-FIXd ORTH CLEAR VACCUMFORM Temp model trimmed**

**DENTURES**

- **Mounted**
- **U-M-EDENTULOUS**
  - Occlusal index
- **L-M-EDENTULOUS**
- **U-I-EDENTULOUS**
  - Anterior Dies protected
- **L-I-EDENTULOUS**
  - Dies checked in microscope
- **U-CT**
  - U-STAYPLATE and compared with solid
- **L-CT**
  - L-STAYPLATE Lab slip signed
- **U-B/R**
  - U-HADER BAR
- **L-B/R**
  - L-HYBRID Checked
- **U-FRAMEWORK**
  - ERA HOUSING
- **L-FRAMEWORK ERA HOUSING**
- **U-SET-UP**
  - SWISS LOCK Checked
- **L-SET-UP**
  - Facial and/or Incisal Guide

<table>
<thead>
<tr>
<th>OTHER</th>
<th>DIAGNOSTICS</th>
<th>REFERENCES</th>
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<tr>
<td></td>
<td>Wax Bite</td>
<td>Sapphire Bite</td>
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<tr>
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<td>Special (tinted)</td>
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<tr>
<td></td>
<td>Smile Index (tinted)</td>
<td>Smile Index (tinted)</td>
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<tr>
<td></td>
<td>Mwo or model (tinted)</td>
<td>Mwo or model (tinted)</td>
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<tr>
<td></td>
<td>Face Plane</td>
<td>Face Plane</td>
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<tr>
<td></td>
<td>Crown Bite</td>
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**Bits & Horizontal References**

- **L-4A-LM**
  - 0-3-T
  - L-4A-4A
  - L-4A-4A LM
  - L-4A-4A MT
  - L-4A-4A FT
  - L-4A-4A FT
  - L-4A-4A FT

**MODS**

- **L-4A**
  - L-4A-4A
  - L-4A-4A FT
  - L-4A-4A FT
  - L-4A-4A FT