

# Order Form

Planning

Restoration

**Dentist:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Treatment Schedule:**

**1**

**2**

**3**

Clinical findings attached:  Yes  No

Esthetic expectations:  High  Medium  Low

Functional findings attached:  Yes  No

Implant pass/information attached:  Yes  No

**Tooth Shade:**

Photo with shade guide

To be taken by dental technician

Shade guide color: \_\_\_\_\_

Discolored tooth structure on: \_\_\_\_\_

**Bite Registration:**

Occlusion registration

Centric relation registration

Face bow

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18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Please mark shim stock occlusal contact points after tooth preparation with „x“

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48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

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Please use the following abbreviations to specify your order:

**PZ** Porcelain fused to zirconia

**GC** Glass-ceramic crown

**PM** Porcelain fused to metal

**MZ** Monolithic zirconia

**GO** Glass-ceramic onlay

**BS** Bridge segment

**IP** Implant restoration

**GI** Glass-ceramic inlay

**PR** Provisional restoration

**V** Veneer

**WU** Wax-up

**MU** Mock-up

Impression material:  Polyether  VPS  Alginate  Other: \_\_\_\_\_ Time when taken: \_\_\_\_\_

Impression disinfected:  Yes  No Digital impression system and patient ID: \_\_\_\_\_

Personal communication required:  Yes  No \_\_\_\_\_

Note: \_\_\_\_\_ Date and signature: \_\_\_\_\_

