

Natural Aesthetics | Peninsula

Cosmetic & Implant Dental Lab

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* DUE DATE ____/____/____

* APPT. DATE ____/____/____

* Dr. Name: _____

☐ Call Doctor

Dr. Phone #: _____

* Patient Name: _____

☐ Male ☐ Female Age: _____



Teeth to be restored _____

Treatment objectives. 1. _____

2. _____

3. _____

* Restorative Material/Indicate teeth numbers

Emax

Esth. Layered # _____

Stained # _____

Ingot _____

Zirconia

Layered # _____

Solid # _____

Empress

Ingot _____

PFM

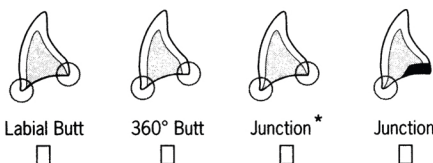
High Noble # _____

Noble # _____

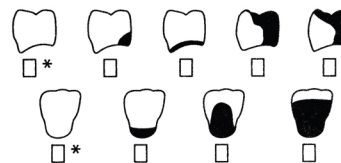
Ceramic Pontic Design



Ceramic Margin Design



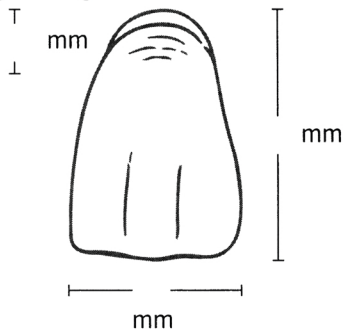
Zirconia/ Metal Design



*Standard unless specified otherwise

Central/ Incisor Height & Width

Papilla Height



* Shade Incisors

Dentin _____

Enamel _____

Gingival stain _____

Shade Posterior

Dentin _____

Enamel _____

Gingival _____

Occlusal stain _____

Texture

- ☐ Smooth/none
☐ Light
☐ Moderate
☐ Heavy
☐ Perychmata

Finish

- ☐ High glaze
☐ Polished glaze
☐ Satin
☐ Low Gloss

Gingival Stain

- ☐ Light ☐ Moderate ☐ Contrasting

Incisal Translucency

- ☐ Minimal .5mm
☐ Moderate 1.0mm
☐ Full 1.5mm

Facial Anatomy

- ☐ Light ☐ Moderate ☐ Heavy

Value

- ☐ High bright
☐ Medium
☐ Low
☐ Tab _____

Mounting Instructions

Face Bow _____

Articulator _____

Bite Registration _____

Anterior Coupling _____

Opening VDO _____

Axial Inclination _____

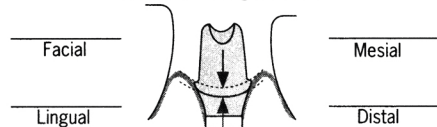
Cross Arch Width #4-13 ____mm

U/L CEJ ____mm from # _____

Overjet ____mm

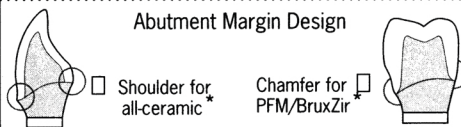
Lateral Drop ____mm

Abutment Margin Depth

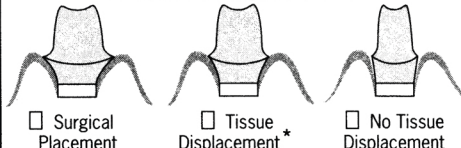


*If left blank, default values will be used

Abutment Margin Design



Abutment Emergence Profile



Implants

Teeth #s _____ Implant Brand _____

☐ Cement Retained Implant size _____

☐ Screw Retained

Bar

- ☐ Custom milled
☐ Zirconia
☐ Titanium
☐ Monolithic Zirconia
☐ All on Four

Abutments

- ☐ Stock
☐ Cast
☐ Milled Titanium
☐ Zirconia with Ti-Base
☐ Ti-Base

Prosthetic Gums

Color _____

Material _____