Doctor:_____

Phone: _____

Address:_____

City/State/ZIP:_____

Contact for case questions: _____

Contact email: _____
Email can be used for case questions? ❑ Yes ❑ No

Special delivery instructions: _____
_____

Guides

❑ Custom tray   ❑ Surgical guide

Implant Platform

❑ Astra   ❑ Nobel Biocare
❑ Straumann   ❑ Zimmer Biomet
❑ Other: _____

Parts Sent

❑ Implant coping   ❑ Analog
❑ Other: _____

Custom Abutment Material

❑ Titanium   ❑ Zirconia
❑ Gold hue   ❑ Zirconia w/Ti base

Restoration Type

❑ **Fixed**   ❑ **Removable**
  ❑ Cementable   ❑ Bar
  ❑ Screw retained   ❑ Locator
                               ❑ Hybrid

Crown Type *(metal DWT)*   **Denture Type**

❑ Nautilus Full-Contour   ❑ Integrity Line
❑ Nautilus Elite   ❑ Ultra Line
❑ Nautilus Core
❑ e.max   **Select Teeth**
❑ e.max Esthetic   ❑ Ivoclar BlueLine®
❑ Simple Z   ❑ Ivoclar Phonares®
❑ PFM
    ❑ High noble white   ❑ Processed base
      (standard)   ❑ Bite block
    ❑ Noble white   ❑ Light cure base
❑ Full cast   ❑ Pin tracer
  Select Metal Hue
  ❑ White ❑ Yellow   ❑ **Set up/Try in**
    ❑ High noble   ❑ **Finish case**
    ❑ Noble

Patient:_____

Age: ❑ Youthful   ❑ Middle-Age   ❑ Mature

Gender: ❑ Female ❑ Male

Tooth #: _____   Shade: _____

Shade Guide: ❑ Vita 3D ❑ Vita Classic ❑ Other:_____

❑ **Intraoral scans sent**
  System:_____

Deliver by 5:00pm on _____/_____/_____

Pontic Design *(circle one)*

Partial ridge   No ridge (standard)   High water   Bullet
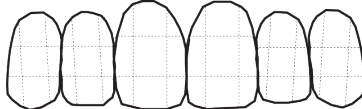
Occlusion

❑ In occlusion ❑ Foil opposing ❑ Out of occlusion

Esthetics

❑ Emailed photos to **shades@dpsdental.com**
❑ Study model included
❑ Occlusal staining
  ❑ None ❑ Light ❑ Medium ❑ Dark

Please indicate texture, embrasures, shade, and characterization.

❑ Surface texture and contour
  ❑ Ideal ❑ Match adjacent ❑ Match study model

❑ Diastemas - close all spaces? ❑ Yes   ❑ No

❑**I would like a phone call regarding instructions**

Comments:

Doctor Signature: _____
(Please select shade, age, gender, and delivery date)