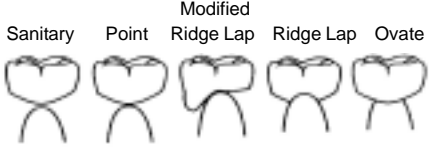



Advanced Aesthetic Team

| | | | |
|---|---|--|---|
| Dr. Name: _____ _____ Address _____ City _____ State _____ Zip _____ Patient ID: _____ _____ Age _____ Sex M / F |  | Centric Laboratories Inc. 1805 Plainfield NE Grand Rapids, MI 49505 Local (616) 363-1550 Fax (616) 363-5772 Toll Free (877) 369-6468 www.smilesbycentric.com Email: photos@smilesbycentric.com | Rx Date: _____ Due Date: _____ () am () pm Seat Appt. _____ Return: () Die Trim () Try-in () Finished () Please call to discuss case |
|---|---|--|---|

| | | |
|---|--|--|
| Case Planning: <input type="checkbox"/> Study Models <input type="checkbox"/> Diagnostic Wax-up <input type="checkbox"/> Sil-tech Imp. for Temps <input type="checkbox"/> Sil-tech Reduction Guides <input type="checkbox"/> Orthotic/Bite Splint Crown & Bridge: <input type="checkbox"/> Acrylic Provisionals <input type="checkbox"/> Appeal® Veneers/Crowns <input type="checkbox"/> Empress® Veneers/Crowns <input type="checkbox"/> Empress® Inlay/Onlays <input type="checkbox"/> e.max press® Crowns/Bridges <input type="checkbox"/> YZ Crowns/Bridges <input type="checkbox"/> Porc. to metal Crowns/Bridges () High Noble () Noble <input type="checkbox"/> Butt Porc. Shoulders <input type="checkbox"/> Full Cast Crowns/Bridges () High Noble () Noble Pontic Designs: circle one Modified Sanitary Point Ridge Lap Ridge Lap Ovate  | Desired Goals: Teeth #'s _____ Desired Contours: <input type="checkbox"/> Copy Study Models () Maintain Inc. Edge Pos. <input type="checkbox"/> Copy Model of Temps () Make Ideal Desired Final Measurements: Length of Centrals: _____ mm. Anterior (vertical index) CEJ to CEJ _____ mm. between #'s ___ & ___. Posterior CEJ to CEJ _____ mm. between #'s ___ & ___. Overbite: _____ mm. Overjet: _____ mm. Shading/Characterization Stump shades _____ Shades _____ Incisal Translucency: () .5mm () 1.0mm () 1.5mm Translucency Shade: () Clear () Smoke () Frosted () Amber Texture: () Smooth () Light () Moderate () Heavy Surface Glaze: () Dull () Satin () High Gloss Occlusal Staining: () None () Light () Moderate () Heavy Internal Effects (Appeal® Veneers/Crown Only): () Slight () Medium () Intense | Implants: <input type="checkbox"/> Surgical Stent () Provisionals Implant System _____ Stock Abutments () Zirconia () Titanium Custom Abutments () Zirconia () Titanium () Cast Implant Crowns/Bridges () YZ () e.max press® () Porc. to High Noble () Porc. to Noble Additional Instructions and Goals  |
|---|--|--|

| |
|--|
| Enclosed Materials: () Impression to () Stickbite () Opposing Imp/Model () Facebow () Pre-Op Model () Photos () Imp/Model of Temps () Shade tab () Bite-CO, CR or Tens () Implant Components () Articulator () Other |
|--|

Dr's Signature _____ License #: _____ (please ensure completion of all pertinent case information)

() Please include any treatment planning that has been done with the patient. Please send: () Rx Pads () Boxes () Bio-Bags () UPS Mailers