

Rx Date _____ Due Date _____
 Dr _____
 Address _____ Phone _____
 City _____ Province _____
 Try-In Date Required _____ Time Wanted _____ a.m. []
 Finish Date Required _____ Time Wanted _____ p.m. []
 Sex M F
 Patient's Name _____ Given Name _____ Age _____

IMAGING BEFORE & AFTER

SYMMETRY BITE 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27
 USE GOLDEN PROPORTION 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37
 MATCH EXISTING
 MAKE IDEAL CROWN LENGTHENING PHOTOS ATTACHED:
 LVI FIXED ORTHOTIC TOOTH # _____ mm _____ CLOSE UP
 LVI REMOVEABLE ORTHOTIC LVI SMILE GUIDE: REF # _____ FULL FACE

DIAGNOSTIC WAX-UP / TREATMENT PLANNING

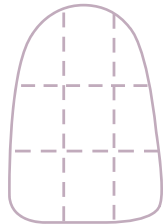
PERFORM WAX-UP 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27
 USE GOLDEN PROPORTION 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37
 FOLLOW IMAGING
 PREP MODEL CROWN LENGTHENING
 SHIFT MIDLINE YES NO RL _____mm _____mm
 PREP MATRIX YES NO OPENING VERTICAL YES _____mm NO
 TEMP MATRIX YES NO LENGTH OF CENTRALS _____mm
 INCISAL MATRIX YES NO SHIMBASHI Pre _____mm Post _____mm
 BITE MATRIX YES NO
 TYPE OF ARTICULATOR DESIRED _____ ACCULINER STRATOS
 INCISAL EMBRASURE _____ Rounded Square Open Closed

SHADE


SHADE _____
 SYSTEM _____
 SHADE PHOTO ATTACHED

STUMP SHADE		TRANSLUCENCY	
BODY SHADE		CHARACTERIZATION	
CHROMA		SURFACE ANATOMY	
VALUE		HALO	


CUSTOM CHARACTERIZATION



EXISTING SHADE



DESIRED SHADE



e-MAX Press: HT Impulse LT MO HO

CASE SPECIFICATIONS

PLEASE CHOOSE COSMETIC SYSTEM

PROCERA e-MAX Vita VM 7
 Lava e-MAX Zir Press CREATION
 Zirconia YZ e-MAX/CAD CERAMAGE
 Alumina Prestige SCULPTURE PLUS
 MIRAGE / FORTRESS Other: _____



ITEMS ENCLOSED

	QTY
IMPRESSION / BITE	_____
RESTORATIONS(S)	_____
MODELS	_____
ARTICULATOR	_____
PHOTOS ATTACHED	_____

Dr's signature _____