

DR. NAME: _____ RX DATE: _____

PATIENT NAME _____

LAB DELIVERY DATE: _____

Tooth # _____

MALE FEMALE AGE _____



DYNAMIC DENTAL ARTS

p 425.971.1634

e DanHenryDDA@gmail.com

w dynamicdentalarts.com

CASE #: _____

Type of Fixed Restoration

- PFM
- FGC
- Feldspathic
- Gold Inlay/Onlay
- Diagnostic Wax-up
- Zirconia High Strength
- Zirconia High Trans
- Emax

Type of Metal

- High Noble (Precious)
- Noble (Semi Precious)
- Yellow Ceramic
- Type II
- Type III

Type of Occlusal Surface

- All Porcelain
- Metal Island
- 2/3 Metal
- Full Metal

Type of Buccal Margin

- Porcelain Shoulder (Butt)
- Disappearing Margin
- Metal _____

Type of Lingual Margin

- Disappearing Margin
- Metal _____

Miscellaneous

- Pink Tissue Composite / Porcelain
- Mount on Semi-Adjustable Articulator

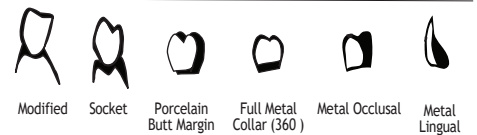
Due Dates

Wax-Up Date _____

Try In Due _____

Ceramist Consult _____

Lab To Take Custom Shade



Payment is due upon receipt of statement.
 Total statement amount due Net 15 days.
 All past due invoices will be subject to a finance charge.
 The undersigned is responsible both corporately and personally.
 Your signature is acceptance of these terms.

Dr.'s Signature _____ Date _____

License # _____

Shade Desired _____ Stump shade _____

ENCLOSED PHOTOS CD MEMORY CARDS

- Texture: None Slight Pronounced
- Incisal Plane: Parallel Slanted Left Slanted Right Maintain Modify

DENTOFACIAL

Color Acceptable Modify

Developmental Disturbances

Facially Related Tooth Position

1. Maxillary Incisal Edge Position Acceptable Modify
2. Maxillary Posterior Occlusal Plane Acceptable Modify
3. Mandibular Incisal Edge Position Acceptable Modify
4. Mandibular Posterior Occlusal Plane Acceptable Modify
5. Intra-arch Tooth Position (Arrangement & Form)
 - Midline _____ Acceptable Modify
 - Left Right Axially Inclined _____
 - Crowding / Overlap _____ Acceptable Modify
 - Diastema _____ Acceptable Modify
 - Rotations _____ Acceptable Modify

6a. Gingival Tissue Assesment **MAXILLARY**

Lip Dynamics Low Moderate High

Acceptable Modify

Position / Horizontal Symmetry Acceptable Modify

Scallop / Form Flat Normal High

6b. Gingival Tissue Assesment **MADIBULAR**

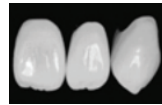
Lip Dynamics Low Moderate High

Acceptable Modify

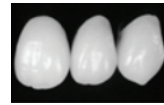
Position / Horizontal Symmetry Acceptable Modify

Scallop / Form Flat Normal High

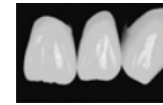
Desired Tooth Form



Square



Round



Tapered

RESTORATION INSTRUCTIONS & DRAWINGS

SPECIAL CHARACTERIZATION MAP

