

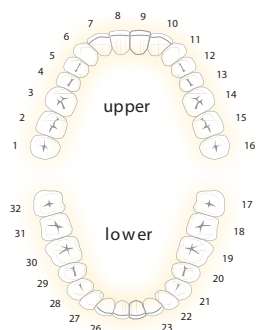
Patient Name: _____
 Rx Date: _____

Please call before proceeding with case
 Due Date: _____

Redo
 Previous Case # _____

ENCLOSED WITH CASE		PLEASE RETURN	
<input type="checkbox"/> Impressions	<input type="checkbox"/> Photos	<input type="checkbox"/> Casting	<input type="checkbox"/> Bisque Bake
<input type="checkbox"/> Models	<input type="checkbox"/> Other	<input type="checkbox"/> For Solder Connection	<input type="checkbox"/> Glaze
<input type="checkbox"/> Bite		<input type="checkbox"/> Assembled Framework	

Restoration Teeth Numbers Pontic Design



Check Here To Manufacture Ceramics Or Full-Cast Using CAD/CAM
 Please Scan And Save This CADpro™ Case For Final Ceramic Work

CADpro™ All-Ceramic Restorations

Type	Monolithic	Cutback
<input type="checkbox"/> Veneer	<input type="checkbox"/> CADpro™ IPS e.max® Press	<input type="checkbox"/> CADpro™ IPS e.max® Press+
<input type="checkbox"/> Inlay/Onlay	<input type="checkbox"/> CADpro™ IPS e.max® CAD	<input type="checkbox"/> CADpro™ IPS e.max® CAD+
<input type="checkbox"/> Crown	<small>Indicate Stump or Present Tooth Shade For All-Ceramics</small>	

CADpro™ Zirconia Restorations

CADpro™ MonoZr CADpro™ Layered Zirconia
 CADpro™ MonoZr+ BruxZir® Solid Zirconia

CADpro™ Temps Provisional Restoration

Abutment #(s) _____ Pontic #(s) _____

Splinted* Cement-On Implants
 Individual Units Screw-Retained Implant

Reinforcement: None Fiber Metal
 Amount Of Prep Reduction: 1mm* 2mm

CADpro™ Implant Restorations

Implants	Custom Abutments	Screw-Retained
System _____	<input type="checkbox"/> Titanium	<input type="checkbox"/> IPS e.max® CAD
Brand _____	<input type="checkbox"/> Zirconia Hybrid	<input type="checkbox"/> MonoZr
Diameter _____	<input type="checkbox"/> All Zirconia	<input type="checkbox"/> MonoZr+
Parts Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ProZr Bridge
		<input type="checkbox"/> Implant Denture Bar

CADpro™ Removeable Appliances

CADpro™ DEFENSE Mouthguards CADpro™ Occusal Splints
 CADpro™ Crystasis Retainers CADpro™ Custom Trays

FIXED RESTORATIONS

Porcelain to Metal

Design

360° Metal Margin (____mm width)
 Porcelain Butt Margin Metal Island
 No Metal Showing Metal Occlusal
 Design For Future Partial

Non-precious
 Semi-precious __2% Gold
 High Noble __52% __87%
 Captek

Full Metal Crowns

Non-precious
 Semi-precious __2% Yellow Gold
 High Noble __52% __87%

Feedback Section- How's The Fit?

Occlusal anatomy

- I like the CADpro™ restoration you sent to me
- I like deep pits and fissures with prominent cusp formation
- I like a flat occlusal anatomy with shallower cusp formation

Fit

- I like the fit of the CADpro™ restoration you sent me
- I prefer a smaller cement gap with a tighter fit
- I prefer larger cement gap ensuring units will "fall in" easily

Contacts

- I like the contacts of the CADpro™ restoration you sent me
- I prefer tighter contacts
- I prefer looser contacts

AESTHETIC GOALS:	SIZE & FORM
<input type="checkbox"/> Change Color <input type="checkbox"/> Increase Length <input type="checkbox"/> Close Spaces <input type="checkbox"/> Correct Alignment <input type="checkbox"/> Widen Buccal Corridor	<input type="checkbox"/> Total Length Of Central ____ mm <input type="checkbox"/> Lateral Incisal Edge: <input type="checkbox"/> Shorter By ____ mm <input type="checkbox"/> Same Length Of Central

TEETH SHADE	TISSUE SHADE	OPACITY
Desired Shade: _____ Desired Body Shade: _____ Desired Incisal Shade: _____ Stump Shade: _____ Occlusal Staining: <input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> Dark	<input type="checkbox"/> Clear <input type="checkbox"/> Light Pink <input type="checkbox"/> Pink <input type="checkbox"/> Med Meharry <input type="checkbox"/> Dk Meharry	<input type="checkbox"/> Maximum <input type="checkbox"/> Medium <input type="checkbox"/> Minimum <input type="checkbox"/> Translucent
		SURFACE-TEXTURE
		<input type="checkbox"/> Smooth <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

Dr. Signature: _____

Client agrees to all terms & conditions. Payment due upon receipt of statements.
 Unpaid balance subject to 1.5% monthly service charge.

License #: _____

COMMENTS