



Tailored Dental Ceramics

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DOCTOR _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT _____ AGE _____ SEX M/F _____

DATE SENT _____ DATE WANTED _____ STUDY MODEL PHOTOS

METAL TRY IN: BISQUE TRY IN: FINISH

OCCUSAL SURFACE: METAL PORCELAIN

BUCCAL MARGINS: PORC. METAL BAND PORC. SHOULDER

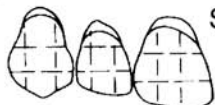
OPPOSING TEETH TO BE RESTORED: YES NO RELIEVED

GINGIVAL EMBRASURES: CLOSED NORMAL OPEN

SHADE INSTRUCTIONS

OCCUSAL STAINING: NONE LIGHT MEDIUM HEAVY

SURFACE TEXTURE SMOOTH MODERATE HEAVY



Shade

Button enclosed

INCLUDE STUDY MODEL FOR ANTERIOR TEETH

Rx INSTRUCTIONS

TYPE OF RESTORATION

CAST CROWN

PORCELAIN TO METAL

PORCELAIN LAMINATE ...

EMPRESS

EMPRESS II

TARGIS

VECTRIS

PROCERA

FORTRESS

PORCELAIN METALS C&B METALS

SEMI-PREC NOBLE PMW NOBLE

52% HIGH NOBLE 40% HIGH NOBLE

86% HIGH NOBLE 52% HIGH NOBLE

NON-PREC. 75% HIGH NOBLE

PONTIC DESIGN

RIDGE RELIEF: SCRAPE

SOCKET NONE

SADDLE TIP SANITARY BULLETT

FULL RIDGE PARTIAL RIDGE OTHER DRAW

CONTACT

Point Normal Heavy & Broad



PORCELAIN VENEERS PLEASE PROVIDE FOLLOWING INFO:

PURPOSE OF VENEER:

CHANGE COLOR

CLOSE SPACES

CORRECT MALALIGNMENT

INCREASE LENGTH _____ MM

SHADE OF PREPARED TEETH:

SHADE DESIRED:

PORCELAIN LAMINATE:

OPAQUE LINER YES NO

PORCELAIN TO METAL DESIGN



HAS THIS CASE BEEN DISINFECTED? YES NO SEND SUPPLIES: LABELS RX BAGS BOXES

Dentist's Signature _____ LICENSE # _____

*PLEASE READ OTHER SIDE BEFORE SIGNING

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