



# SYNERGY CERAMICS

DENTAL STUDIO

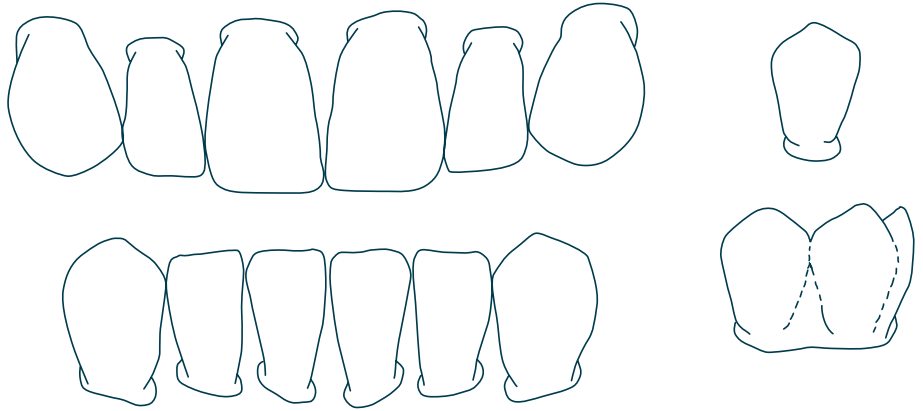
DOCTOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ \*RETURN DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PATIENT AGE: \_\_\_\_\_  MALE  FEMALE

\*Please allow four weeks from the preparation date for restorations and two weeks for diagnostic wax-ups.

**TYPE OF RESTORATION**

- Porcelain Veneer
- All Porcelain Bonded Crown
- Porcelain Inlay/Onlay
- Zirconia Crown
- Zirconia Bridge
- e.max® Crown
- e.max® Veneer
- e.max® Onlay
- Lisi® Crown
- Lisi® Veneer
- Lisi® Onlay
- Printed Carbon Model
- Printed Keysplint® Night Guard
- Atlantis™ Custom Abutment
- Diagnostic Wax-up
- Provisional



Please indicate teeth to be restored.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**ENCLOSED WITH CASE**

- Face Bow
- Study Model (required for multiple unit anterior cases)
- Bites (C.R. or C.O.)
- Impression
- Opposing Model
- Slides, Photo, or other shade info
- Other: \_\_\_\_\_
- Implant Components  
Type: \_\_\_\_\_

SHADE OF RESTORATION: \_\_\_\_\_

SHADE OF PREPARED TEETH (REQUIRED): \_\_\_\_\_

**OCCUSAL STAINING:**

- Light  Medium  Heavy  None

**ARE YOU RESTORING THE OPPOSING?**

- Yes  No

**PURPOSE OF VENEER FABRICATION**

- Change Shade
- Close Diastemas
- Correction of Alignment
- Increase Length \_\_\_\_\_ mm
- Tetracycline

**SURFACE ANATOMY OF ANTERIOR TEETH**

- Smooth
- Moderate
- Heavy

**SPECIAL INSTRUCTIONS:**

DOCTOR'S SIGNATURE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_