



AU Dental Ceramics

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FIXED RX

Date _____ Due Date _____

Dr. Name _____

Phone _____ Fax _____

Street Address _____

Name of Patient _____ Gender M F Age _____

- Porcelain to Metal
- Full Cast Crown/Inlay
- Hi Noble
- Noble
- Non Precious
- Precision Attachment
- Implant Prosthesis

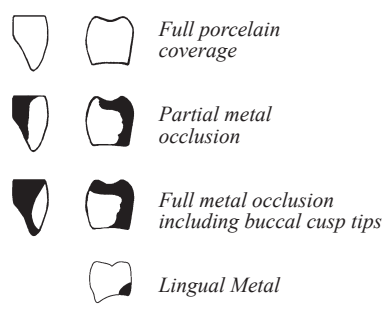
TEETH NUMBERS TO BE WORKED ON

PATIENT'S RIGHT SIDE								PATIENT'S LEFT SIDE							
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

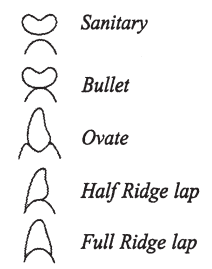
ITEMS INCLUDED WITH CASE

- Impression _____
- Impression/Partial _____
- Master Cast _____
- Opposing Cast _____
- Study Cast _____
- Bite Registration _____
- Articulator _____
- Shade Tabs _____
- AU Screws _____
- AU Cylinders _____
- Analogues _____
- Impression Coping _____
- Face bow transfer jig _____
- Model or impression of provisionals _____
- Matrix for determining buccal-lingual position of centrals _____
- Diagnostic wax-up _____
- Opposing impression or model _____
- Pre-operative models _____
- Photos (Qty _____) Email photos (Qty _____)
- Other _____

METAL DESIGN



PONTICS



RIDGE RELIEF

- None
- Slight
- Medium
- Heavy
- Emergence
- Template profile

NON METAL RESTORATION

- IPS Empress Esthetic
- IPS e-Max
- IPS ZirPress
- Lava
- Procera

DIAGNOSTIC WAX-UP

- Prep Guide Yes No
- Bite Matrix Yes No
- Temp Matrix Yes No

FACIAL MARGIN DESIGN

- Porcelain Margin
- Tooth # _____
- Show No Metal
- (Disappearing metal margin)
- Show No Metal 360°
- Metal Margin 360° _____ mm
- Tooth # _____

COMPOSITE

- Sculpture FibreKor Radica

VERTICAL DIMENSION Open bite

Vertical measurement _____ mm CEJ tooth # _____ to CEJ tooth # _____

LENGTH

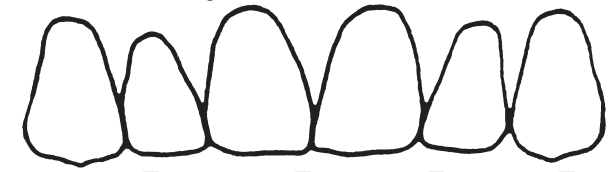
Centrals (tooth # _____) _____ mm Laterals (tooth # _____) _____ mm less than

Centrals Canine (tooth # _____) _____ mm

Any special length instructions _____

SHADE INSTRUCTIONS

See detailed shade guide online for additional shade instructions.



- | | | | | | |
|---------------------------------|--------------------|-------------------------------------|-----------------------------------|------------------------------------|--|
| VALUE | Translucency | <input type="checkbox"/> Heavy 1.5m | <input type="checkbox"/> Med. 1mm | <input type="checkbox"/> Min. .5mm | <input type="checkbox"/> None |
| <input type="checkbox"/> High | Lobing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| <input type="checkbox"/> Medium | Surface Texture | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| <input type="checkbox"/> Low | Occlusion Stain | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None Color? _____ |
| | Hypo-Calcification | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| | Craze Line | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None Color? _____ |

SHAPE

- Smile guide design _____
- Smile catalog design _____
- Match photographs included
- Match contralateral Other _____

SHADE OF PREPARATION

Stump shade teeth #s _____ ST / ND* _____ Stump shade teeth #s _____ ST / ND* _____

Stump shade teeth #s _____ ST / ND* _____ Stump shade teeth #s _____ ST / ND* _____

*Differentiate between ST and ND

IMPLANT SYSTEM

- Nobel Biocare Zimmer Biomet3i Straumann Custom CADD CAM Abutments
- Atlantis Procera Lava 3M Cementable Screw Retained Other _____

RX INSTRUCTIONS

CALL ME

RETURN FOR

- Die Trim Evaluation Wax Check Metal Try-In Bisque Finish

PLEASE SEND LABELS

- RX Air Boxes

Signature of Dentist Required _____

Dentist License # _____

The person signing this authorization accepts sole responsibility for full payment, all legal fees, collection costs, and agrees to the terms and conditions on our Rate Card, including guarantee. Payments are due in full, 30 days from statement date.