

Dr Name: _____

EXPRESS DELIVERY

Signature: _____

Patient Name/ID: _____

Due Date: _____

Scanner Brand: _____

Address: _____

Digital Scan ID: _____

City: _____ State: _____ Zipcode: _____

Dr Licence #: _____

PLEASE TICK OPTIONS BELOW

RESTORATION TYPE

- Implant crown
- Implant bridge

ABUTMENT

- Zirconia
- Titanium

CROWN RETENTION

- Screw retained
- Cement retained

COMPONENTS

- Generic components
- Branded components

RESTORATION MATERIAL ALL CERAMIC

Lithium Disilicate

- IPS e.max (layered)
- IPS e.max Press (monolithic)
- IPS e.max CAD
- IPS e.max Veneers

Zirconia

- PFZ (layered)
- FMZ (monolithic)
- FMZ-T (translucent)
- Zirconia Veneers
- Enhanced Bonding

PFM

Alloy options

- Non-Precious
- Semi-Precious
- High-Precious (40% Gold)
- High-Precious (74% Gold)

Wax Up

- Digital smile design

Interproximal Contact

- Normal ★ Broad

Margin

- 180° Porcelain Buccal Margin
- 360° Porcelain Margin

Embrasure

- Natural ★
- Closed
- Open

Occlusal Contact

- Heavy
- Light ★
- Open

Pontic Design

- Ovate
- Ridge Lap ★
- Hygienic

★ Indicates option default if none selected

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

Implant Brand: _____ Diameter: _____ Platform: _____

Additional Instructions

SHADE INSTRUCTIONS



Basic Shade: _____
 Stump Shade: _____

