

**CLIENT INFORMATION**

Doctor Name: ..... Date: .....  
 Signature: .....  
 License #: ..... Phone: ( ) ..... Fax: ( ) .....  
 Address: ..... City: ..... State: ..... Zip: .....  
 Email: .....

**REQUEST FOR PREOPERATIVE COMMUNICATION**

- Overall Case       Materials
- Esthetics             Other: .....
- Occlusion

**PREFERRED MEANS OF COMMUNICATION**

- Phone: ( ) .....
- Email: .....

**PATIENT INFORMATION**

Patient Name: .....  Male     Female      Age: .....  
 Patient Bite     Functional occlusion     Occlusal dysfunction     Closed envelope     Parafunction     Neurologic Disorder  
 Patient Expectations: .....  
 End Goal: .....

**WORK AUTHORIZATION**

- CAD/CAM     Pressed     Layered
- Economy     Standard     Aesthetic

**DIAGNOSTIC WAX-UP**     **PROTOTYPE WAX-UP**

Teeth #'s: .....

**ANTERIOR RESTORATIONS**

\*Kois Facial Analyzer Required For All Cases  
 Involving Anteriors For Correct Midline.

Teeth #'s: .....

**POSTERIOR RESTORATIONS**

Teeth #'s: .....

Occlusal Staining:  None     Light     Natural

**PONTIC DESIGN**

- Ovate                       Adjust Ridge Accordingly
- Depth to Bone: .....
- Ridge Lap     No Ridge Adjustments

**IMPLANT CASE**

Phenal Type:  Thick     Thin  
 Implant Brand: .....  
 Implant Size: .....

**ABUTMENT PREFERRED:**

- Stock     Custom
- Titanium
- Hybrid Abutment:     Zirconia     e.max
- UCLA Type: .....

**TYPE/MATERIAL RESTORATION**

- Technicians Preference for Material
- Metal Ceramic**
- Teeth #'s: .....
- Metal-Ceramic Junction: .....
- Metal Lingual Collar: .....
- Ceramic Margin:** 180°: ..... 360°: .....
- All Ceramic**
- Teeth #'s: .....
- Empress/Authentic: .....
- e.max Ceram: .....
- Zirconia Framework: .....
- Feldspathic: .....
- Vita VM Series: .....
- Full Cast Crown/Onlay**
- Teeth #'s: .....
- Gold: .....

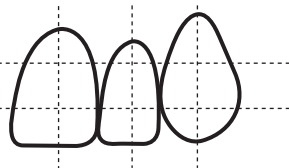
**SHADE INFORMATION**

Requested Tooth Shade: .....  
 Prepared Stump Shade: .....

**NOTE: ALL AESTHETIC CASES REQUIRE PHOTOS:**

Portrait, Repose, Max Smile, Retracted Open & Closed, Profile L/R  
 Photo /w desired shade tab, Photos /w stump shade.

**SHADE DIAGRAM**



- Length of Tooth #8 ..... mm
- Lateral Incisors Shorter Than Central By: ..... mm

**RX NOTES**

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