

CMR Dental Lab

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Date _____

Due Date _____

Doctor _____

Telephone Number _____

Address _____

Name of Patient _____

Gender _____

Age _____

Items Included with Case

- Master Impression
- Diagnostic wax-up
- Face bow transfer jig
- Opposing impression or model
- Model or impression of provisionals
- Other _____
- Stick bite
- Pre-operative models
- Bite registration
- Photos _____

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| 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 |
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Goal of Final Case _____

Type of Restoration Desired

- Emax Lithium Disilicate -teeth #s _____
- Strategically Layered Zirconia-teeth #s _____
- Provide reduction coping if necessary to improve aesthetics, reduce opposing or call and ask to re-prep
- PFG-teeth #s _____

Diagnostic Wax Up

- Diagnostic wax up: teeth #s: _____
- Milled PMMA temp overlaying existing teeth
- Silicone matrix to make provisionals in mouth

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 _____

Shape

- Digital Smile Design Presentation _____
- Match Provisionals _____
- Match Contralateral _____

- Smile guide design # _____
- Smile catalog design # _____
- Other _____

Shade of Preparation

Stump shade teeth #s _____ ST _____
Stump shade teeth #s _____ ST _____

Stump shade teeth #s _____ ST _____
Stump shade teeth #s _____ ST _____

Shade

Body Shade _____ Gingival shade _____ Incisal shade _____ Occlusal staining _____

Incisal Translucency

- Minimal (0.5mm)
- Moderate (1.0mm)
- Maximum (1.5mm)

Surface Texture

- High
- Medium
- Light
- Smooth (no surface texture)

Ingot Choice for Emax (Optional)

- _____

Miscellaneous Information _____

Doctor's Signature _____

License # _____