

# CMR Dental Lab

185 S. Capital Ave. Idaho Falls, ID 83402 208-523-3401 Fax 208-523-0937

Date \_\_\_\_\_

Due Date \_\_\_\_\_

Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Patient \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

## Items Included with Case

Master impression

Diagnostic wax-up

### Digital Records

Opposing impression or model

Model/impression of provisionals

Scanner System \_\_\_\_\_

Stick bite  Face bow transfer jig

Pre-operative models

Prep Scan

Bite registration  Photos \_\_\_\_\_

Other \_\_\_\_\_

Pre-op Scan

Temp Scan

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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 IPS Emax Restoration Desired

Lithium Disilicate- teeth #s \_\_\_\_\_

Micro Layered Monolithic Zirconia- teeth #s \_\_\_\_\_

Provide reduction coping if necessary to improve aesthetics, reduce opposing or call to ask to re-prep.

## Diagnostic Digital Design (Wax UP)

Diagnostic Digital Design- teeth #s \_\_\_\_\_

STL File of Design Only

Printed Diagnostic Model(s) with silicone matrix to make provisionals in mouth

Milled PMMA temp overlaying existing teeth

Combined Output Model

## Implant

Direct Screw Retained (zirconia/PMMA only) teeth #s \_\_\_\_\_

Zirconia abutment teeth #s \_\_\_\_\_

Titanium abutment teeth #s \_\_\_\_\_

## Temp Material

PMMA Temp Restoration teeth #s \_\_\_\_\_

Vertical Dimension  Open Bite

Vertical measurement \_\_\_\_\_ mm CEJ tooth # \_\_\_\_\_ to CEJ tooth # \_\_\_\_\_

Length

Centrals (tooth# \_\_\_\_\_) \_\_\_\_\_ mm Laterals (tooth# \_\_\_\_\_) \_\_\_\_\_ mm 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)

Miscellaneous Information \_\_\_\_\_

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Doctor's Signature \_\_\_\_\_ License # \_\_\_\_\_