



Phoenix Dental Arts

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Phoenix, AZ 85016
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phoenixdentalarts.com

Patient: _____

Male Female Age: _____

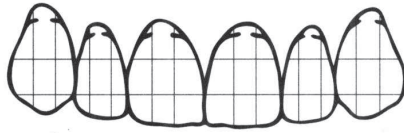
Teeth numbers to be restored: _____

Return Date: _____

- Zirconia
- Zirconia Esthetic
- Zirconia Layered

SHADE INSTRUCTIONS:

Esthetic Importance: _____
Scale from 1 to 10, 1 = not, 10 = very



Shade: _____ Stump Shade: _____

ANTERIOR CHARACTERISTICS:

- Incisal halo Checklines Show dentition wear
- Incisal translucency: Heavy Medium Light None
- Show mammalons: Heavy Medium Light None
- Surface texture: Heavy Medium Light None
- Cervical blending: Heavy Medium Light None

IMPLANTS:

Brand: _____

Size: _____ Number of Implants: _____

- All parts supplied by doctor
- Impression post Implant replica Abutment

TYPE OF RESTORATION:

- Screw retained? Cement retained? Titanium / Zirconia

- Lithium Disilicate
 - Pressed
 - Milled

- Porcelain Fused to Metal
 - Gold (HN)
 - High palladium (N)

- Full Cast Crown
 - III (HN)
 - economy (N)

SPECIAL INSTRUCTIONS:

Sent with case: Occlusal record Casts opposing / Study Photos / Will send

DR. NAME: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____ **TERMS:** Orders not paid within 30 days of statement are subject to a delinquency charge of 1.5% per month. The dentist will be responsible for all collection costs including attorney fees incurred in the event that account collections becomes necessary.

PHONE: _____ LICENSE: _____