

Date Received _____

Lab return date _____

Patient ID _____

e.max #'s _____

- Stained
- Layered

PFZ (zirconium) _____

PFM #'s _____

- Buccal Margin

Neuromuscular Orthotic

- Removable
- Fixed

DIAGNOSTICS:

P/V for multiple pour ups: include peripheral and free gingival area, Hamular notch

*Photos-relaxed smile, side views, brow to chin, teeth

- Smile Design wax-up - Temp Siltec
- Full Mouth wax-up. Double arch temp siltec

Auradorm, Neuromuscular Sleep Appliance (FDA approved) Include check to SLEEPWRIGHT

Relaxed Bite Register/4MM

- ULF Tens
- Myobite
- Other-describe _____

CW

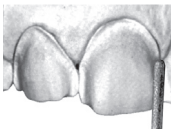
C. WRIGHT DENTAL STUDIO
27 Timberwick Rd. • Santa Fe, NM 87508

LAB: 505-989-7866
FAX 505-983-8395

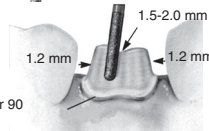
www.auradorm.com
www.cwrightn.com
cynthia@cwrightn.com



Cynthia Wright, CDT
LVI Certified Master Technician
ICCMO



Veneer .8 - 1.0 mm shoulder
Full crown 1.0 mm shoulder
Onlay Isthmus 1.5 mm



Full shoulder 90

Prep design required for ALL CERAMIC
• Belle de St. Clair thickness gauge suggested
• NO UNDERCUTS/Passive fit

PATIENT PROFILE:

Central width _____ LVI Golden Vertical _____

Tissue re-contour tooth #'s _____

SHIMBASHI	Existing	New Vertical
Posterior left (#14 to #19)		
Posterior right (#3 to #30)		
Anterior (#8 to #25)		

SPECIAL INSTRUCTIONS:

Dr.s Sig. _____ Lic. # _____
 Address _____ Phone/Fax _____
 Patient _____ Date Sent _____

RX Return Date: _____
 Minimum 10 Working Day N/A Holiday & Weekends
 Full Mouth Restorative/Call or e-mail to schedule

Disinfect before sending to lab
Terms C.O.D
Express Invoicing Charge Card on file

The lab respects the authority of the dentist and only wishes to convey suggestion/options with diagnostic wax-ups. The finest quality of work will be made to the doctors RX/Impressions, the final procedure taken lies in the hands of the dentist. All work carries a 2 year limited warranty based on the evaluation of the returned case. **Fabricated entirely in the USA**

CHECK LIST OFFICE:

TOOTH SHADING	RECEIVED BY LAB
Tooth shade _____	
Stump shade _____	
* Photos <input type="checkbox"/>	<input type="checkbox"/>
Opposing Imp. <input type="checkbox"/>	<input type="checkbox"/>
Preop imp/model <input type="checkbox"/>	<input type="checkbox"/>
Bite Register <input type="checkbox"/>	<input type="checkbox"/>
TEMP impression <input type="checkbox"/>	<input type="checkbox"/>

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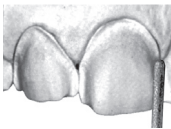
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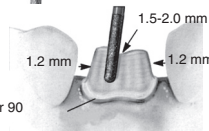
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