

IMPLANT AND AESTHETIC RX

Doctor Name _____

Address _____

Phone _____

Patient Name _____

RX Date _____ Due Date _____

TEETH NUMBERS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

IMPLANTS

Implant Manufacturer	Type & Diameter	Tooth No

Abutment Material: Titanium Gold Hue Zirconia

RESTORATION & MATERIAL

PFM

- Economy - Crown White HN
- White noble

PVC - METAL OCCLUSION

- White N White HN Yellow HN

FULL CAST

- Economy - Crown 2% Au Yellow White
- Yellow HN Yellow N White N

ALL CERAMIC

- Economy - Crown Layered Zirconia
- Bruxir Esthetic Emax Laminate Veneer

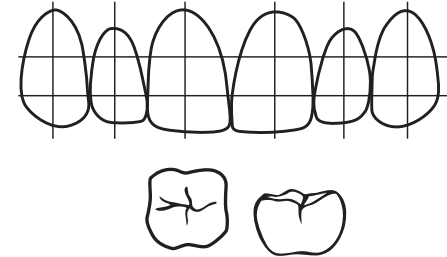
MARGIN DESIGN

- porcelain margin - facial Metal collar 360° Lingual metal collar
- porcelain margin - 360° No collar

CHARACTERIZATION CHART

- Shade: Cervical _____
- Mid 1/3 _____
- Incisal _____
- Stump _____

- Indicate: Hypocalcifications
- Occlusal stain



Email Photos that include shade guide for maximum esthetics

OCCLUSAL CLEARANCE

- In occlusion
- Out of occlusion

CONTACT

- Light
- Normal
- Heavy

PLEASE SEND

- RX's
- Bags

PONTIC DESIGN

- Sanitary Bullet Modified Ridge Lap Ridge Lap Ovate
-

Instructions

Signature of Dentist _____

Dentist License Number _____

The person signing this authorization and/ or the dental practice accepts responsibility of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.



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