



Today's Date _____ Expected Return (Seazona Due Date) _____

Doctor _____ Phone# (if not on file) _____

Patient Name _____ Age _____ F M

Tooth #s

Phenom _____

Emax **A** _____

Zirconia **A** _____

Vantage Posterior _____

Emax **A** _____

Zirconia **A** _____

Diagnostic **B** _____

Implant **C** _____

Other (explain) _____

Notes

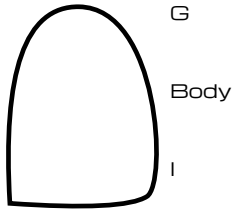
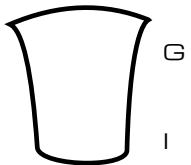
Dr Signature _____ License # _____

Dear Dr., to keep our commitments to you, we require your entire case before the Grace Period expires. Refer to our Grace Period Policy and use the Operatory Checklist to ensure your case stays on schedule.

Enclosures *check all that apply*

Upper Impression/Scan	<input type="checkbox"/>	Will Ship	<input type="checkbox"/>
Lower Impression/Scan	<input type="checkbox"/>	Will Upload	<input type="checkbox"/>
Bite Reg's/ Bite Scan	<input type="checkbox"/>		<input type="checkbox"/>
Models	<input type="checkbox"/>		<input type="checkbox"/>
Photos	<input type="checkbox"/>		<input type="checkbox"/>

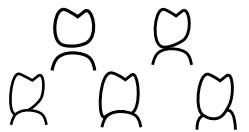
Other: Explain _____

<p>A Final Shade</p> <p>Desired Shade Outcome</p> <p><input type="checkbox"/> Match/ Blend to adjacent teeth</p> <p><input type="checkbox"/> Match prior restorations</p> <p><input type="checkbox"/> Match specific shade w/o regard to other teeth</p>	<p>AC Stump</p>  
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A Anterior Effect & Contour Match/Blend to adjacent teeth

Incisal Translucency	Surface Texture	Contour Temps To Final	Embrasures
<input type="checkbox"/> Min	<input type="checkbox"/> Smooth	<input type="checkbox"/> No Change	<input type="checkbox"/> Closed
<input type="checkbox"/> Moderate	<input type="checkbox"/> Light	<input type="checkbox"/> Slightly Improve	<input type="checkbox"/> Moderate
<input type="checkbox"/> Max	<input type="checkbox"/> Moderate	<input type="checkbox"/> Significant Improve	<input type="checkbox"/> Open
	<input type="checkbox"/> Heavy		

A Pontic



Tissue Pressure _____ mm

AB Vertical Dimension

Open _____ mm@pin

Close _____ mm@pin

Match VDO established by

Existing CO

Bite Registration

Temps

C Implant

Combo #(S) _____

Write brand, platform, size in Notes.

B Diagnostic

Gingivectomy Tooth #'s	Facial Position	Centrals Length
	<input type="checkbox"/> Increase Contour	<input type="checkbox"/> Increase
	<input type="checkbox"/> Reduce Contour	<input type="checkbox"/> Reduce
	<input type="checkbox"/> Procline	_____ mm
	<input type="checkbox"/> Recline	
Tooth Form	<input type="checkbox"/> Maintain	Embrasures
<input type="checkbox"/> Tapered		<input type="checkbox"/> Closed
<input type="checkbox"/> Square		<input type="checkbox"/> Moderate
<input type="checkbox"/> Ovoid		<input type="checkbox"/> Open

Fold