



CROWN & BRIDGE

Rx Date _____ Due Date _____
 Dr _____
 Address _____ Phone _____
 City _____ Province _____
 Try-In Date Required _____ Time Wanted _____ a.m. []
 Finish Date Required _____ Time Wanted _____ p.m. []
 Sex M F
 Patient's Name _____ Given Name _____ Age _____

IMAGING BEFORE & AFTER

PERFORM BEFORE & AFTER 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27
 USE GOLDEN PROPORTION 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37
 MATCH EXISTING
 MAKE IDEAL CROWN LENGTHENING PHOTOS ATTACHED:
 CALIBRATE IMAGE: TOOTH# _____ mm _____ CLOSE UP
 LORIN LIBRARY SMILE GUIDE: REF # _____ FULL FACE

DIAGNOSTIC WAX-UP / TREATMENT PLANNING

PERFORM WAX-UP 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27
 USE GOLDEN PROPORTION
 FOLLOW IMAGING 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37
 PREP MODEL CROWN LENGTHENING
 SHIFT MIDLINE YES NO RL _____ mm _____ mm
 PREP MATRIX YES NO OPENING VERTICAL YES _____ mm NO
 TEMP MATRIX YES NO LENGTH OF CENTRALS _____ mm
 INCISAL MATRIX YES NO SHIMBASHI Pre _____ mm Post _____ mm
 BITE MATRIX YES NO
 TYPE OF ARTICULATOR DESIRED _____ ACCULINER
 INCISAL EMBRASURE _____ Rounded Square Open Closed

SHADE

SHADE _____
 SYSTEM _____
 SHADE PHOTO ATTACHED
LADDER

STUMP SHADE	TRANSLUCENCY	
BODY SHADE	CHARACTERIZATION	
CHROMA	SURFACE ANATOMY	
VALUE		

CUSTOM CHARACTERIZATION EXISTING SHADE

 DESIRED SHADE

CASE SPECIFICATIONS

A CENTRIC CONTACT 1. FOIL RELIEF 2. POSITIVE CONTACT 3. CUSP FOSSA
B LATERAL EXCURSION 1. CUSPID GUIDANCE 2. GROUP FUNCTION
C MARGIN ADAPTATION 1. EXACTLY TO FINISH LINE 2. SLIGHT OVEREXTENSION
D LABIAL MARGIN 1. FINE GOLD COLLAR 2. PORCELAIN BUTT MARGIN 3. PORCELAIN TO MARGIN
E PONTIC DESIGN 1. HARMONY 2. CONE 3. HYGENIC 4. RIDGELAP
F CONTACTS (EMBRASSURES) 1. BROAD 2. NORMAL 3. POINT

SPECIAL MATERIALS & ALLOYS	
PRECIOUS	
SEMI-PRECIOUS	
NON-PRECIOUS	
CAPTEK	
TITANIUM	
SPECIAL TECHNIQUES & ATTACHMENTS	
SMILE DESIGN	
<input type="checkbox"/> The Smile Guide	
<input type="checkbox"/> Smile Style Guide (Lorin)	
<input type="checkbox"/> LVI	



Dr's signature _____

ITEMS ENCLOSED

	qty
IMPRESSION / BITE	_____
RESTORATIONS(S)	_____
MODELS	_____
ARTICULATOR	_____
PHOTOS ATTACHED	_____

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