

Doctor _____
 Address _____
 City _____ State _____ Zip _____

Patient _____
 Age _____ Sex _____
 Phone _____

Date Sent: _____
 Return Date: _____

PARTIALS AND DENTURES (PLEASE)

CROWN & BRIDGE (PLEASE)

TOOTH SHADE _____ TOOTH MOLD _____
 ACRYLIC SHADE _____ IDENTIFICATION YES NO
 UPPER LOWER _____

DENTURES

- Custom Tray
- Bite Block
- Immediate
- Set-Up
- Finish
- Re-Set

TEETH

- Plastic
- Porcelain
- Economy
- Premium

REPAIRS / RELINES

- Repair
- Add Tooth # _____
- Laser Weld
- Rebase
- Reline
 - Hard
 - Soft
 - Heat Cure

PARTIAL TYPE

- Flipper
- Flexible Partial
- Acrylic Partial
- Cast Chrome
 - Lingual Bar
 - Lingual Plate
 - Horse Shoe
 - Palatial Strap
 - Tooth Colored Clasp
 - Other _____

TMJ

- Hard
- Soft
- Hard Soft
- Surgical Guide / Stint
- Ball Clasp

MATERIALS

- TOOTH NUMBERS _____
- Full Cast Crown
 - Cast Inlay / Onlay
 - Porcelain to Metal
 - Noble (White)
 - Noble (Yellow)
 - High Noble (White)
 - High Noble (Yellow)
 - Non Precious
 - Margin Design (no metal showing unless otherwise indicated)
 - Lingual Collar Design
 - Emax Inlay / Only
 - Full Contour Emax (Stumpf Shade Required)
 - Porcelain Fused to Emax
 - Full Contour Zirconia
 - Porcelain Fused to Zirconia
 - Veneers (Stumpf Shade Required)
 - Custom Temporaries
 - Post / Core
 - 360 Collar Design

CASE DESIGN

- Cervical Shade _____
- Body Shade _____
- Incisal Shade _____

SHADE INSTRUCTIONS

- Crown Shade _____
- Stumpf Shade _____

PONTIC DESIGN

- Full Ridge 
- Partial Ridge 
- Hygienic 
- Ridge Relief
 - None
 - Medium
- Slight
- Heavy

Rx

Rx



CDC

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Signature _____

License Number _____

THANK YOU!