







Doctor \_\_\_\_\_ DMD License # \_\_\_\_\_ Patient's Name \_\_\_\_\_ M F  
Approximate Age \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_ Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

DUE DATE

#### RESTORATIVE MATERIALS

- All-Ceramic/ Zirconia**
- ☐ Element-Z  
☐ Forte YZR- Porc. to Zr.  
☐ IPS e.Max  
☐ IPS Empress Esthetic  
☐ Ultra-Z Esthetic
- Porcelain Fused to Metal**
- ☐ Base  
☐ Captek  
☐ Noble  
☐ White - High Noble  
☐ Yellow - High Noble
- Other**
- ☐ Provisional  
☐ Diagnostic Wax-up  
☐ No ortho models  
☐ Ortho models  
(extra charge)

#### Margin Design

- ☐  Porcelain Butt Margin (shoulder prep required)
- ☐  Lingual Collar \_\_\_\_\_ mm
- ☐  Full Metal Band \_\_\_\_\_ mm
- ☐  Metal Occlusal Excluding Buccal Cusp
- ☐  Metal Occlusal Including Buccal Cusp
- ☐  Metal Lingual

#### Pontics

- ☐  Modified  
☐  Ovate Pontic  
☐  Sanitary

Modify tissue for ovate pontic \_\_\_\_\_ mm

Recent extraction tissue reduction \_\_\_\_\_ mm

Opposing to be restored in the future? ☐ YES ☐ NO

#### SPECIAL INSTRUCTIONS

(please print)

#### COLOR MAPPING email photos: shade@oralartsdental.com

Basic Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_ Shade Guide used \_\_\_\_\_

#### Anterior Characteristics

- ☐ Incisal Halo ☐ Incisal Checklines
- Incisal Translucency ☐ Heavy ☐ Medium ☐ Light ☐ None
- Show Mammalons ☐ Heavy ☐ Medium ☐ Light ☐ None
- Surface Texture ☐ Heavy ☐ Medium ☐ Light ☐ None
- Cervical Blending ☐ Heavy ☐ Medium ☐ Light ☐ None

#### CIRCLE TOOTH NUMBERS TO BE RESTORED

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



#### SELECT HYBRID

- ☐ PMMA Hybrid (Bridge Only)

#### Hybrid Tissue Color/Shade

- ☐ Light ☐ Dark ☐ Ethnic

Hybrid Tooth Shade \_\_\_\_\_

#### Hybrid Cutback

- ☐ Facial ☐ Buccal

Tooth Numbers to Cutback \_\_\_\_\_

#### AESTHETIC DESIGN

Complete this section for optimal aesthetic results!

Smile Catalog Selection \_\_\_\_\_

#### Size and Golden Proportion

Existing: Central width \_\_\_\_\_ mm Central length \_\_\_\_\_ mm

Width-to-length ratio \_\_\_\_\_ (75-80%)

Golden Proportion \_\_\_\_\_

Goal: Central width \_\_\_\_\_ mm Central length \_\_\_\_\_ mm

Width-to-length ratio \_\_\_\_\_ (75-80%)

Golden Proportion \_\_\_\_\_

Correct to proper dimensions if possible? ☐ Yes ☐ No

#### Midline and Canting

Is the midline correct? ☐ Yes ☐ No

If no, how far off? \_\_\_\_\_ mm ☐ Left ☐ Right

Is the smile canted? ☐ Yes ☐ No

#### Axial Inclination

- ☐ The teeth are properly and mesially inclined
- ☐ Mesial/Distal incline needs correction
- ☐ Leave teeth as is even though they are not properly inclined

#### Lip Line vs. Incisal Edge of Teeth

- ☐ Incisal edges properly follow lip line
- ☐ Reverse smile
- ☐ Deficiency, please describe: \_\_\_\_\_

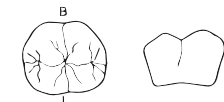
#### Hard Tissue Guidelines

- ☐ Arch form proper ☐ If no, describe necessary corrections

#### FOR DIAGNOSTIC WAX-UP ONLY

#### Soft Tissue Conditions

- ☐ Good Gingival Symmetry  
☐ Correction \_\_\_\_\_
- ☐ Good Height and Contour  
☐ Correction \_\_\_\_\_
- ☐ Gingival Zenith Correct  
☐ Correction \_\_\_\_\_



## Laboratory Schedule Guidelines

### Select

1 to 4 units \_\_\_\_\_ 7 working days

5 or more units \_\_\_\_\_ 10 working days

Temps \_\_\_\_\_ 10 working days

**Combination Cases** (cases requiring two or more restorative materials) \_\_\_\_\_ Please call for schedule

**Diagnostic Models & White Wax-up** \_\_\_\_\_ 6 working days

**Larger Cases** (10 units or more require more lab time due to fit, function and design) \_\_\_\_\_ Please call for schedule

### Restorations

## Important Information When Prescribing Select

Exclusive cosmetic anterior and/or multiple units require a greater degree of communication between Dentist and technician than ever before. To receive consistent, accurate **Select** products that are not only aesthetically pleasing, but are exceptionally successful in every way, please send the following:

#### **For Best Results:**

- Both maxillary and mandibular preoperative casts. Mark on cast the outline of the required tissue contouring that will be performed at the time of prepping. (If unsure, we can assist you with design.)
- Diagnostic wax-ups
- A smile design from a personalized smile or a smile catalog (Available from Oral Arts upon request.)
- Bite Registration
- Check list of items needed to complete a cosmetic case:
  1. Photos of pre-op teeth with shade guide, 1:1, 1:2 from different angles
  2. Photos of preps with stump shade tabs
  3. Photos of temporaries, full face including eyes, also 1:2
  4. Photos of temporaries, eye to chin relaxed lip position
  5. Model of pre-op
  6. Model of temporaries
  7. Bite registration
  8. Stick bite (vertical and horizontal plane parallel to interpupillary line)
  9. Detailed lab slip expressing goal for your patient
  10. Indicate the desired length of final restorations

## Inventory Checklist Lab Use Only

Date In \_\_\_\_\_

By \_\_\_\_\_

Date In \_\_\_\_\_

By \_\_\_\_\_

### INVENTORY IN

Study Model \_\_\_\_\_

Upper Model \_\_\_\_\_

Lower Model \_\_\_\_\_

Soft Tissue \_\_\_\_\_

Bite \_\_\_\_\_

Impression \_\_\_\_\_

Dies \_\_\_\_\_

PFM \_\_\_\_\_

Gold \_\_\_\_\_

Metal \_\_\_\_\_

Cosmetic \_\_\_\_\_

Duralay Post \_\_\_\_\_

Shade Stump \_\_\_\_\_

Shade Tab \_\_\_\_\_

Shade Map \_\_\_\_\_

Photograph \_\_\_\_\_

Attachment \_\_\_\_\_

Implant Parts \_\_\_\_\_

Custom Tray \_\_\_\_\_

Articulator \_\_\_\_\_

Articulator Box \_\_\_\_\_

Face Bow \_\_\_\_\_

Surgical Stent \_\_\_\_\_

Other: \_\_\_\_\_

### INVENTORY OUT

Crowns \_\_\_\_\_

Copings \_\_\_\_\_

Post \_\_\_\_\_

Boxes \_\_\_\_\_

Select \_\_\_\_\_

Face Bow \_\_\_\_\_

Articulator \_\_\_\_\_

Surgical Stent \_\_\_\_\_

### NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_