

Date: _____ License #: _____ State: _____

Doctor: _____

Address: _____

Office Phone: _____

Patient Name or Identification #: _____

Tooth #: _____



160 Bishops Way, Brookfield, WI 53005
Phone: 414-771-4118 ♦ Toll Free: 888-895-2927
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ALLOY _____	_____DT
	_____W
DWT _____	_____F
	_____S
	_____C
LAB USE	_____G

Crown & Bridge Restoration

Porcelain to Metal Crown

- ___ Noble White (*Palladium*)
- ___ High Noble White Gold
- ___ High Noble Yellow Gold

Margins:

- ___ Porcelain Butt Shoulder
- ___ Metal Buccal Collar _____ mm
- ___ Porcelain Over Metal

Full Cast Crown

- ___ Noble White
- ___ Noble Yellow (2%)
- ___ White Gold (*High Noble*)
- ___ Yellow Gold (*High Noble*)
- 58% ___ 77% ___

All Ceramic Crown

- ___ Lava Zirconia (*Layered*)
- ___ Lava Plus FC (*Monolithic*)
- ___ Nu-Art Zirconia (*Monolithic*)
- ___ Lava Ultimate (*Composite*)
- ___ Imagine Zirconia (*Monolithic*)
- ___ IPS E-max (*Layered*)
- ___ IPS E-max (*Monolithic*)
- ___ IPS E-max Veneer
- ___ IPS E-max Inlay/Onlay

Anterior Pre-op Model and Photos Are Very Helpful

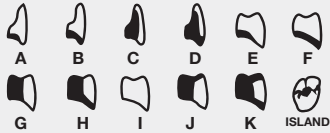
- Occlusal Staining:** None ___ Moderate ___ Heavy ___
- Glaze:** Low ___ Medium ___ High ___
- Occlusal Contact:** Tight ___ Light ___ Left Open ___
- Contacts:** Tight ___ Light ___ Left Open ___ Broad ___

Shade Instructions:

gingival _____		gingival _____	
body _____		body _____	
incisal _____		incisal _____	

Stump Shade: _____ (*Shade of underlying prep is necessary*)

METAL DESIGN:



PONTIC DESIGN:



- ___ Return for Die Trim
- ___ Custom Shade Consultation
- ___ Design for Future Partial

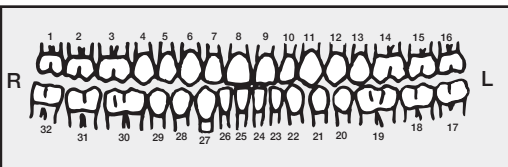
In Case of Minimal Occlusal Clearance:

- ___ Relieve Opposing
- ___ Adjust Prep & Mark Area
- ___ Adjust Prep & Make Reduction Jig
- ___ Metal Island
- ___ Return to Doctor to Evaluate
- ___ Call Doctor to Discuss

Additional Instructions:

Diagnostic Wax-up

- ___ Include Silicone Matrix
- ___ Include Vacuum Pull-Down



Return Date: _____ Time: _____

Doctor's Signature: _____