

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
Email: staff@nuartdental.com Fax: 414-771-5247

LAB USE _____DT
ALLOY _____D
DWT _____F
Print _____C
Quad _____
Full _____
Die _____
Soft _____
Pre-op _____

Crown & Bridge Restoration

Porcelain to Metal Crown

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

Margins:

___ Porcelain 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

___ Premium Zirconia (Monolithic)
___ Premium Zirconia (Layered)
___ Nu-Art Zirconia (Monolithic)
___ IPS E-max (Monolithic)
___ IPS E-max (Layered)
___ Other (Specify Below)

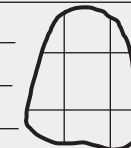
**Anterior Pre-Op Model and
Photos are VERY HELPFUL**

Anterior Pre-op Model and Photos Are Very Helpful

Occlusal Staining: None ___ Slight ___ 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:



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

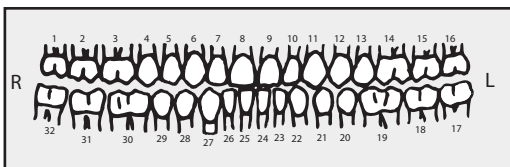
Additional Instructions:

Diagnostic Wax-up

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

Partial Abutment Design

Tooth	Rest	G.P.	Clasp	RET.



Return Date: _____ Time: _____

Doctor's Signature: _____