# CaliforniaDentalArts

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# Fixed & Implant Prosthetics

Doctor Name_____ Date ____/____/_____

Patient Name_____ ☐ Male ☐ Female Age_____

**Due Date** ____/____/_____ Time ____:____ ☐ am ☐ pm Case Pan #_____
For internal use only

☐ Dr. to Take Pickup Impression ☐ Dr. to Mount Case ☐ Please Call (_____) _____

## All-Ceramic

- ☐ ZirFit Solid Zirconia
- ☐ ZirFit HT Solid Zirconia
- ☐ Fuzion Layered Zirconia
- ☐ 3M Lava Layered Zirconia
- ☐ 3M Lava Plus Solid Zirconia
- ☐ IPS e.max Esthetic Layered
- ☐ IPS e.max Enhanced Stained
- ☐ IPS Empress
- ☐ BelleGlass Resin Composite

## Metal Alloy

**PFM**
- ☐ Premium HN-Yellow 90% Au
- ☐ Select HN-White 69% Au
- ☐ Regular HN-White 40% Au
- ☐ Silver Palladium

**Full-Gold**
- ☐ Premium 75% Au
- ☐ Select 60% Au
- ☐ Regular 46% Au
- ☐ Y+ Gold Crown 2% Au

## Implant

- ☐ Cement Retained
- ☐ Screw Retained

## Abutment

- ☐ Implant Complete
- ☐ Atlantis
- ☐ Biomet 3i
- ☐ Straumann
- ☐ Nobel Biocare
- ☐ Ankylos
- ☐ Custom Cast Abutment
- ☐ Stock Abutment

## Abutment Material

- ☐ Zirconia
- ☐ Titanium
- ☐ Gold Hue (Atlantis Only)

## Additional Products

- ☐ Nightguard
- ☐ Radica Provisional
- ☐ Diagnostic Wax-Up
- ☐ Rhino Sportsguard 1 Layer
- ☐ Rhino Sportsguard 2 Layer
- ☐ Rhino Sportsguard 3 Layer

## Incoming Checklist

- ☐ Cadent iTero File
- ☐ 3M COS File
- ☐ Pictures Emailed
- ☐ Pictures Included
- ☐ Flash Drive
- ☐ Implant Abutment
- ☐ Implant Screw
- ☐ Impression
- ☐ Opposing
- ☐ Wax Bite
- ☐ P.V.S. Bite
- ☐ Stick Bite
- ☐ Slides
- ☐ Old Crown
- ☐ Study Models
- ☐ Old Models
- ☐ Face Bow
- ☐ Articulator
- ☐ Provisional

## Shade Instructions

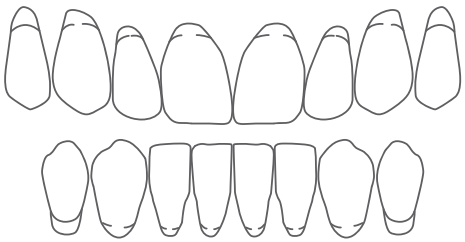
- ☐ Custom Shade *(Call to schedule custom shade appointment)*
- ☐ Doctor Shade

**Porcelain Shade:**
☐ Ivoclar_____ ☐ VITA_____

**Occlusal Stain:**
☐ None ☐ Light ☐ Medium ☐ Dark

**Dentin Shade** *(Old Guide)*:
☐ ST1 ☐ ST2 ☐ ST3 ☐ ST4
☐ ST5 ☐ ST6 ☐ ST7
☐ ST8 ☐ ST9

**Dentin Shade** *(New Guide)*:
☐ ND1 ☐ ND2 ☐ ND3 ☐ ND4
☐ ND5 ☐ ND6 ☐ ND7
☐ ND8 ☐ ND9



## Design Instructions

**Posteriors**
- ☐ Metal Coping » *All Porcelain Coverage*
- ☐ Metal Coping » *All Porcelain Coverage*
- ☐ Metal Occlusal » *Excluding Buccal Cusp*
- ☐ Metal Occlusal » *Including Buccal Cusp*
- ☐ Metal Margin_____mm

**Anteriors**
- ☐ Metal Coping »
- ☐ Metal Collar »
- ☐ Metal Lingual »
- ☐ Metal Lingual »
- ☐ Porcelain Margin

**Pontics**
☐ ☐ ☐ ☐

**If No Occlusal Clearance**
- ☐ Metal Occlusal
- ☐ Reduction Coping
- ☐ Spot Opposing

## Additional Instructions

Signing this work authorization indicates that you agree to abide by the following conditions: 1) All invoices for work performed are due and payable within 30 days. 2) A service charge of 1.5% (18% APR) will be paid on all invoices over 30 days. 3) In the event that legal action becomes necessary, you agree to pay all collection and attorney fees involved in the collection of the debt.

**Signature:**_____ **Lic. #**_____