



17830 Clay Rd A103  
Houston, TX 77084  
(908)-868-6110  
www.dentobytelab.com

\_\_\_\_\_

(shaded area for lab use only)

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dr: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Teeth Restored or Replaced

\_\_\_\_\_

Final Shade: \_\_\_\_\_ Prep Shade: \_\_\_\_\_

**TYPE OF RESTORATION**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Porcelain to Metal | <input type="checkbox"/> Yellow Gold | <input type="checkbox"/> Diagnostic Wax Up |
| <input type="checkbox"/> NP                 | <input type="checkbox"/> Full Metal  | <input type="checkbox"/> BruxZir           |
| <input type="checkbox"/> SP                 | <input type="checkbox"/> IPS e.max   | <input type="checkbox"/> Porc. to Zirconia |
| <input type="checkbox"/> HN                 | <input type="checkbox"/> IPS Empress | <input type="checkbox"/> Other _____       |

**ENCLOSURES**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Master Impression   | <input type="checkbox"/> Stick Bite        | <input type="checkbox"/> Shade Tab        |
| <input type="checkbox"/> Opposing Impression | <input type="checkbox"/> Bite Registration | <input type="checkbox"/> Custom Shade Tab |
| <input type="checkbox"/> Pre-op Model        | <input type="checkbox"/> Photographs       |   |
| <input type="checkbox"/> Impression of Temps | <input type="checkbox"/> Articulator       |   |

**GOALS FOR FINAL CASE**

- |  |   |
|--|---|
| <input type="checkbox"/> Close Diastema      | <input type="checkbox"/> Widen Buccal Corridor      |
| <input type="checkbox"/> More Youthful Smile | <input type="checkbox"/> Feminize Smile             |
| <input type="checkbox"/> Change Shape        | <input type="checkbox"/> Eliminate Crossbite        |
| <input type="checkbox"/> Move Midline        | <input type="checkbox"/> Length of Centrals _____mm |



**SURFACE TEXTURE**

- Smooth
- Moderate
- Slight
- Heavy

Porcelain Margin 360 °

Porcelain Margin 180 °



No Metal Collar

Small Metal Lingual Collar

Metal Lingual Collar



360 Metal Margin

1/2 Metal Occlusal

Full Metal Occlusal



Sanitary

Ridge Lap

Modified Ridge Lap

Implant/Ovate

**INSTRUCTIONS**

**AUTHORIZATION**

\_\_\_\_\_

**Dr. Signature** **License #**

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.