Sequoia Dental Studio, LLC

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Doctor's Name: _____ Patient: _____

Address: _____ Patient Appt Date & Time: _____

Phone #: _____ Dr's Signature: _____

Porcelain Fused to:
- ❑ Non-Precious
- ❑ Semi-Precious
- ❑ White-Precious 40%
- ❑ White-Precious 52%
- ❑ Yellow-Precious
- ❑ Captek

All Ceramic Restorations:
- ❑ IPS e.max
- ❑ IPS Empress
- ❑ Milled Zirconia
- ❑ Full Contour Zirconia

Full Cast Restorations:
- ❑ Non-Precious
- ❑ Semi-Precious
- ❑ 40% Gold (white)
- ❑ 60% Gold (yellow)
- ❑ 75% Gold (yellow)

Metal-Free Composite:
- ❑ Adoro

Implants:
- ❑ Screw Retained
- ❑ Cementable

Type: _____

Diameter: _____

Miscellaneous:
- ❑Temp Crown
- ❑Metal Occlusion
- ❑Porcelain Butt Margin
- ❑Rest
- ❑Diagnostic Wax Up
- ❑Shade Blend
- ❑Locator
- ❑Attachment (ERA)
- ❑Key & Key way
- ❑Locator
- ❑Telescope
- ❑Implant Bar
- ❑Cast Implant Abut (UCLA)

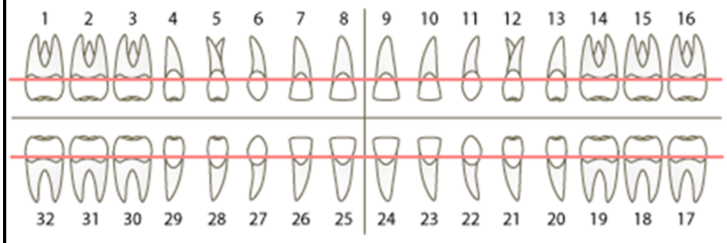
Tooth Number:

Abutment _____ Maryland Wing _____

Crown _____ Pontic _____

Inlay _____ Onlay _____

Veneer _____ Post _____



Basic Shade: **Custom Shade Design:**

Shade Guide Used _____

Margin Design:
- ❑ No Metal Collar ❑ 180 Metal Collar ❑ 360 Metal Collar

Anterior Design: **Posterior Design:**

Pontic Design:

Occlusal Clearance:
- ❑ Light ❑ Tight ❑ Open

Contacts:
- ❑ Light ❑ Normal ❑ Heavy

Occlusal Stain:
- ❑ None ❑ Light ❑ Medium ❑ Heavy

Fit (Die Spacer coats): ❑ x1 ❑ x2 ❑ x3

If Insufficient Room: (must select)
- ❑ Reduce Opposing ❑ Place metal Island/Occ ❑ Reduction Coping

Removable Prosthetics:
- ❑ UPPER ❑ LOWER

Tissue Shade:
- ❑ Clear ❑ Light Pink
- ❑ Regular Pink ❑ Dark Pink
- ❑ Lucitone 199 (extra charge)
- ❑ Ethnic (Meharry)
  - ❑Mild ❑Moderate ❑Heavy

Tooth Shade:

_____

Partial Denture:

Type of Material:
- ❑ Valplast ❑ Cr Co ❑ Vitallium

- ❑ Framework only
- ❑ Set Teeth Try-in
- ❑ Finish
- ❑ Complete (without Try-in)

Type of Tooth:
- ❑ Economic (yamahachi)
- ❑ Ivostat (extra charge)
- ❑ Ivoclar (extra charge)

Full Denture:
- ❑ Wax Try-in ❑ Finish
- ❑ Complete (Without Try-in)
- ❑ Acrylic (Immediate) Denture

Removable Extras:
- ❑Bite Rims ❑Custom Trays
- ❑Flipper ❑Repair
- ❑Reline ❑Rebase
- ❑Add Valplast Clasp
- ❑Add Clear Clasp
- ❑Add Cast Clasp ❑Add Ball Clasp
- ❑Hard Mouth Guard
- ❑Soft Mouth Guard
- ❑Hard/Soft Mouth Guard
- ❑Bleaching Tray ❑Surgical Stent
- ❑ID In Denture

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