

Patient's Name: _____
First Last

Please schedule Patient TWO DAYS after due date!
 Today's Date: _____ Return Date: _____

Age: _____ Male Female

**15 Working days required, NOT INCLUDING
 holidays, weekends, pickup or delivery (2-3 days).
 Rush fees are 10% per day!**

CASE DETAILS

Return as:

- Die Trim
- Framework
- Bisque
- Finish/Glaze

Buccal Margin:

- Metal
- Porcelain Veneer
- Porcelain Butt

Implant Design:

- Cementable
- Screw Retained

Design:

- Splinted
- Singles

Opposing to be restored?

- Yes No

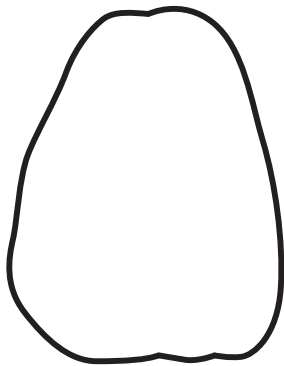
Doctor enclosing:

- Analog
- Abutment
- Retaining Screw

ADDITIONAL INSTRUCTIONS

Please enclose: Impressions, a model of approved provisionals, bites and photographs. Anterior cases *must* have models of provisionals or preop models. Implant cases *must* include radiograph of seated impression coping.

COLOR MAPPING



Email photos to Dave@NaturalArtProsthetics.com

Basic Shade: _____ Stump Shade: _____

Anterior characteristics: Incisal Halo Incisal Checklines

- | | | | | |
|-----------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|
| Incisal translucency: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| Show mammalons: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| Surface texture: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| Cervical blending: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |
| Occlusal staining: | <input type="checkbox"/> Heavy | <input type="checkbox"/> Medium | <input type="checkbox"/> Light | <input type="checkbox"/> None |

Notes:

DOCTOR'S INFORMATION

Doctor's Name: _____

License #: _____

Address: _____

Doctor's Signature: _____

We would like to receive:

- Rx Pads
- Shipping Labels
- Additional Intro Packet