

ESSENTIAL SMILES PREMIUM

(FOR LAB USE ONLY)

PREP DATE : _____ DUE DATE : _____

Due Date: 11th day (Working day, Mon-Fri),
or 14th day for implants/metal frame.
Please count it from the day you shipped.

Pt. # _____

DENTAL OFFICE : _____

DR. NAME : _____

PATIENT NAME : _____ AGE: _____ M F



CROWN & BRIDGE

PORCELAIN FUSED TO METAL

- 75% Gold
- 40% Gold
- Semi-Precious
- Non Precious

VENEER / CROWN / INLAY / ONLAY

- Esthetic Zirconia
- Full Contour Zirconia
- e.max (Staining)
- Hybrid

METAL CROWN / INLAY / ONLAY

- 75% Gold
- 40% Gold
- Semi Precious
- Non Precious

POST

- 75% Gold
- 40% Gold
- Semi Precious
- Non Precious

OTHER

- Diagnostic Wax Up
- Provisional Restoration

SPECIAL INSTRUCTIONS

IF THERE IS NOT ENOUGH CLEARANCE:

- Adjust Opposing Tooth
- Make Metal Lingual/Occlusal
- Trim Abutment (Just mark on abutment)

INTERPROXIMAL CONTACTS

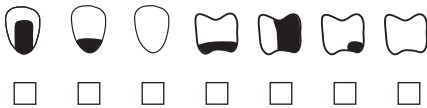
- Light
- Medium
- Heavy

OCCLUSAL CONTACT

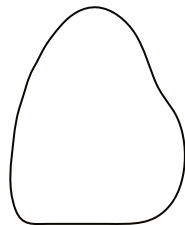
- Out (0.3mm sub)
- Light
- Contact

TOOTH # _____

METAL DESIGN



SHADE



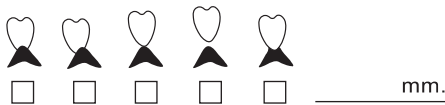
OCCLUSAL STAIN

- None
- Light
- Medium

Please e-mail photos to : tx@esdentallabs.com

STUMP SHADE : (_____)

PONTIC DESIGN



OPTIONS

- Porcelain Margin
- 360° Porcelain Margin
- Rest Seat
- Guide Plane

Return all except gold copy.

SIGNATURE OF DENTIST

DENTIST LICENSE #

The person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

FOR LAB USE ONLY

| | | | | | |
|--------------------|--|----------------------|--|--|--------------|
| Impressions | | Solid Models | | | Receive Date |
| Bite Registrations | | Study Models | | | |
| Opposing Models | | Slide / Picture / CD | | | |
| Master Models | | Crowns | | | |