

Doctor's Name _____

Phone _____

Patient (Last) _____ (First) _____

Due Date _____ Time _____

Tooth Number(s) _____

Model <input type="checkbox"/> Dr will trim die(s) <input type="checkbox"/> Dr will articulate	Metal Try In <input type="checkbox"/> Will be singles <input type="checkbox"/> Solder index <input type="checkbox"/> One piece try in	Porcelain <input type="checkbox"/> Bisque <input type="checkbox"/> High Bisque <input type="checkbox"/> Finish
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Shade _____	Stump Shade _____	Patient Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
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Please Send:

- Fixed Rx
- Removable Rx
- Boxes
- Shipping Labels
- Safe Seal Bags

PORCELAIN FUSED TO METAL	ALL CERAMIC	IMPLANTS	OTHER
<p>SELECT ONE:</p> <p><input type="checkbox"/> CUSTOM ESTHETIC Personalized preferences, advanced shade matching & senior technicians</p> <p><input type="checkbox"/> TRADITIONAL Posteriors only, basic articulation, no metal collar all around, no removal button & basic shade only</p> <p>ALLOY</p> <ul style="list-style-type: none"> <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow <input type="checkbox"/> Noble <input type="checkbox"/> Non-precious CAD 	<p>TRADITIONAL OPTIONS Posteriors only, basic articulation, basic shade only, no layering</p> <p><input type="checkbox"/> Monolithic Zirconia Crown (no ceramic veneer) ____ Strongest ____ More translucent*</p> <p><input type="checkbox"/> e. max Traditional* __ Crown __ Inlay __ Onlay</p> <p><input type="checkbox"/> Composite __ Inlay __ Onlay</p> <p>CUSTOM ESTHETIC OPTIONS Personalized preferences, advanced shade matching & senior technicians</p> <p><input type="checkbox"/> e.max Custom* __ Crown __ Inlay __ Onlay __ Veneer</p> <p><input type="checkbox"/> Feldspathic Veneer*</p> <p><input type="checkbox"/> Porcelain Fused to Zirconia Crown</p> <p><input type="checkbox"/> Facial Veneer Zirconia Crown *Stump shade required</p>	<p><input type="checkbox"/> SCREW RETAINED ____ standard PFM ____ screwmentable (lab cements)</p> <p><input type="checkbox"/> CUSTOM ABUTMENTS</p> <p><input type="checkbox"/> CAD __ titanium __ zirconia __ Lab Selects system __ Genuine __ Other _____</p> <p><input type="checkbox"/> Prepped</p> <p><input type="checkbox"/> Cast __ Type 3 Gold __ Noble White</p>	<p><input type="checkbox"/> Full Cast</p> <p><input type="checkbox"/> Inlay</p> <p><input type="checkbox"/> Onlay __ Type 3 Gold __ Other: _____</p> <p><input type="checkbox"/> Post & Core __ Type 3 Gold __ High Palladium</p> <p>PROVISIONALS</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Cast Reinforced</p>
Custom Esthetic Instructions and Case Notes			



KUWATA PAN DENT

185 Ridgedale Avenue
 Cedar Knolls, NJ 07927
 Phone: 877-377-4455 or 973-540-0700
 Fax: 973-540-0711
 Email: KPD@KuwataPanDent.com
 www.KuwataPanDent.com
 The Laboratory Dentists Trust

If additional interocclusal clearance is needed:

- Please call
- Adjust opposing
- Occlusal or lingual metal
- Cut down coping

Make this a permanent note for all my cases

***If we do not receive specific instructions or have customer preferences on file, the following standards will be applied to Custom Esthetic Restorations:**

- Die Spacer: 2 coats (40 microns)
- Buccal Margin Design: no metal collar
- Lingual Metal Design: 0.5mm
- Removal Buttons: No buttons
- Occlusal Contact: light (200 micron tape)