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Patient's Name _____ Sex _____ Age _____

Dr's Name _____ License # _____

Address _____

Return For: Die Trim Frame Work Try-In Bisque
 Please Call Before Proceed Finish

Today's Date _____ Return Date _____

Signature _____

(Person signing this authorization accepts sole responsibility for payment and agree to pay all legal fees.
 A 2% of late charge will be added to any unpaid balance more than 30 days past due monthly)

RESTORATIONS

All Porcelain

- E-Max Monolithic
- Layered E-max
- Layered Zirconia
- Full Zirconia

Implant

- Custom Abutment
- Zirconia Abutment
- Encode
- Titanium

Full Cast

- Yellow Gold
- White Gold
- Titanium

ZIRCONIA RESTORATION

NIGHT GUARD

Type

- REGULAR ZIRCONIA
- TRANS ZIRCONIA
- MULTI LAYERED

- Hard Nightguard

DIAGNOSTIC WAX-UP

- Wax-Up #'s _____

- Tissue Recontour #'s _____

(Diagnostic wax-up is required for multiple anterior cases and comes with temp stint, new bite, reduction stint)

QUICK CHECK - Have you included?

Dentist Use

- Photos
- Bite Registrations
- Shade Tab
- Pre-op Model

Lab Use

-
-
-
-

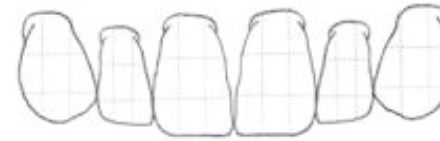
Dentist Use

- Temps
- Implant Parts
- Other _____

Lab Use

-
-

CASE DESIGN



Stump Shade: _____
 (Required for all porcelain restorations)

Final Shade: _____

- Shimbashi vertical Measurement: CEJ to CEJ #8 _____ #25 _____ mm

Opposing to be restored? Yes No

Golden proportion desire? Yes No

Desired length of #8 & #9: _____ mm

Incisal Translucency 1.5mm 1mm 0.5mm None

Surface Texture Heavy Medium Light None

Occlusal Stain Dark Medium Light None

If Inadequate Clearance

- Reduce Opposing
- Reduction Coping
- Call

SPECIAL INSTRUCTION

Teeth to be restored: # _____

