

DUE DATE IN OFFICE _____
SPECIFIC DELIVERY CAN ONLY BE GUARANTEED WITH SPECIAL SERVICE



5 Harbor Park Drive, 2nd fl., Port Washington, NY 11050
Telephone: (516) 829-4933 Facsimile: (516) 829-4941

DR. _____ DATE. _____
ADDRESS. _____
CITY. _____ STATE. _____ ZIP. _____
PHONE. _____ FAX. _____
E-MAIL: _____

Patient Name:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

☐ FEMALE

☐ MALE

AGE ☐ ☐

PLEASE SEND THE FOLLOWING ☐ Rx Forms ☐ Bags ☐ Other _____

Blueprint of Case Treatment

Wax-up Diagnosis

- Full coverage teeth # _____
(see diagram on right side) _____
- Porcelain _____
Veneers _____
 - ☐ Study model with full border
 - ☐ Facebow transfer
 - or**
 - ☐ Average mounting
 - ☐ Bite registration CO
 - or**
 - ☐ Bite registration CR and Equilibrate?

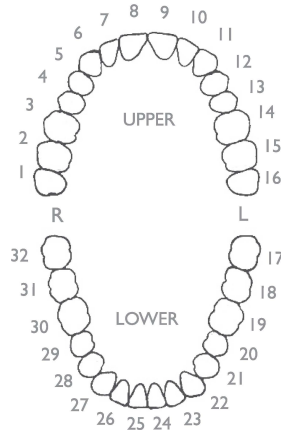


Photo Information

(all 4 photos needed)

- ☐ facial with smile
- ☐ smile with lip
- ☐ dental close up (retracted)
- ☐ profile smile

Send back to Dr. with Diagnostic Wax-up

(choose one or more)

- ☐ Preparation suggested model
- ☐ Putty matrix for temp. fabrication
- ☐ Perio Stent
- ☐ Just send Esthetic Wax-up for patient review
- ☐ Preparation guided putty stent
- ☐ Shell (lab.) temp. for full coverage shade _____

Diagnostic Purpose

- ☐ Opening vertical _____ mm
- ☐ Lengthen
teeth # _____
how much? _____ mm
- ☐ Shorten
teeth # _____
how much? _____ mm
- ☐ Tissue recontouring
teeth # _____
How much? _____ mm
- ☐ Restore Guidance
- ☐ Widen buccal corridor



Please indicate by checking a,b or c.

a. _____
b. _____
c. _____

Implants Implant Type: _____

- ☐ Screw Retained ☐ Hybrid Bar ☐ Surgical Stent
- ☐ Cement Retained ☐ Custom Abutment ☐ Treatment Cost Evaluation

FOR LAB USE ONLY Date & Time Received _____

PAN # _____

PRESCHEDULED CONFIRMATION #: _____

All Ceramic Restorations

- ☒ Porcelain ☐ Feldspathic teeth # _____
Veneers ☐ Pressable teeth # _____
- ☒ Full coverage
 - ☐ Feldspathic teeth # _____
 - ☐ Pressable teeth # _____
 - ☐ Alumina teeth # _____
 - ☐ Zirconia teeth # _____

Porcelain Fused to Metal

- ☐ Single Castings ☐ One Piece Casting ☐ Bisque Bake ☐ Finish
- teeth # _____ Facial Collar ☐ yes ☐ no
- Full margin extension _____ ☐ 0.1 mm ☐ 0.5 mm
- # _____
- Porcelain butt shoulder ☐ White High Noble Metal
- # _____ ☐ Yellow High Noble Metal

PTM Teeth

Important Information

(MUST INCLUDE ALL)

Study Cast

- ☐ Original
- ☐ Provisional
- ☐ Has this patient had recent ortho?

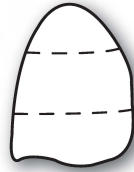
Articulation

- ☐ Facebow Transfer
- or**
- ☐ Average Mounting
- ☐ Bite Registration

Photo Info

- ☐ Pre-op/ Provisional
- ☐ Facial with Smile
- ☐ Smile with Lip
- ☐ Dental Close-up
- ☐ Prep Shade

Prep Shade _____



Final Shade



Length of Centrals

Original	Final
#8 _____	#8 _____
#9 _____	#9 _____

Special Instructions

Attn to: _____
Call me- I would like to speak with _____

Signature _____ Lic.# _____



PREPARATION GUIDELINES

All-Ceramic/ Composite Preparations

BUCCAL LINGUAL INTERPROXIMAL 1.0-1.5mm

BUCCAL LINGUAL INTERPROXIMAL 1.0-1.5mm

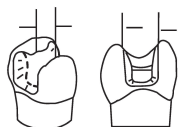
INCISAL 1.5- 2.0 mm

OCCUSAL 1.5- 2.0 mm



INLAY

2.0 mm min. 2.0 mm min.



No Cavo-Surface Bevels

ONLAY

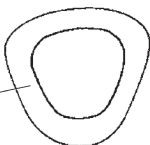
1.5-2.0 mm 1.0 mm Wall Thickness 1.5 mm-2.0mm



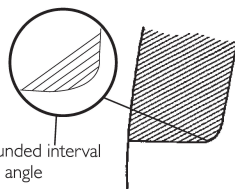
Facial Section Proximal Section

SHOULDER/ LINGUAL BEVEL

even width of 360° shoulder

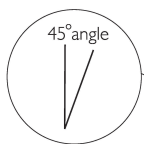


Rounded interval line angle



CHAMFER/ SHOULDER BEVEL

45° angle



PRODUCTION SCHEDULE

PFM Crown (Start to Finish)	8-10 Production Days
Combination Case	Add 4-5 Extra Production Days
Crown & Bridges	
Copings	5 Production Days
Full Cast Crown	5 Production Days
Gold In/ Onlays	5 Production Days
Solder Connection	4 Production Days
Cast Post & Core	5 Production Days
Direct Casting	3 Production Days
Attachments (all types)	Please call
Porcelain	
Porcelain Bake Only	5-10 Production Days
Cosmetic	
High Ceram Crown (up to 6 units)	6-8 Production Days
Porcelain Laminate (up to 10 units)	8-10 Production Days
Zirconia Crown (Single Unit)	10 Production Days
Zirconia Bridges	10-12 Production Days
PTM	7-10 Days

* Custom Labor Fees May Apply on Custom Shade, Single/ Multiple Shade Matching Cases

NOTE: Any request for **Rush service MUST** be called in at least 5 days prior to the pick up of case(s) **AND** to be given a confirmation #. Without this procedure, we cannot guarantee rush service.

Pressables

8-10 Production Days

Implant Restorations

All Types

Misc.

Processed Temps

Functional Diagnostic Wax Up

Call for Case Planning

Call for Schedule

Call for Schedule

Call for Schedule

NOTE:

** Production days mean actual 'work' days, excluding pick up and delivery time, Saturdays, Sundays and Holidays

***Any Rush/ Special (such as Walsh Messenger, UPS, FEDEX, Car Service, etc.) Pick up and delivery costs are billed to the Account.

CHECKLIST FOR LAB USE ONLY

Photos/ Slides	_____	Pre-Op Model	_____
Full Arch Impression	_____	Study Model	_____
Pick-up Impression	_____	Counter Model	_____
Quad Impression	_____	Solid/ Uncut Model	_____
Dr's Articulator	_____	Master Model	_____
JK Articulator	_____	Die Model	_____
Triple Tray Impression	_____	Implant Model	_____
Triple Tray Bite	_____	Die(s)	_____
Bite Registration	_____	Shade Tab/ Guide	_____
GC Resin	_____	Old Crown/ Bridge	_____
Wax-up	_____	Old Partial/ Denture	_____
Putty Index	_____	Other	_____