

NORTHWEST DENTAL ARTS

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 fax: 425.427.2483

CASE # _____

FINISH DATE
 (FOR LAB USE)

DR. _____

PATIENT _____ / _____

FIRST

LAST

Rx DATE _____

SEX: M/F

AGE _____

- CALL ME
- DR. TRIM DIE
- FINISH
- BISQUE
- METAL TRY-IN
- WAX CHECK

DELIVER BY 5 P.M. ON: _____

PLEASE DO NOT APPOINT
 PATIENT ON DUE DATE

- PFM
- IMPLANTS
- GOLD
- ZIRCONIA/LAVA
- REFRACTORY
- EMPRESS ESTHETIC
- E.MAX
- AUTHENTIC
- TEMPORARY
- DIAGNOSTIC WAX-UP

PORCELAIN MARGINS:

- FACIAL PORCELAIN BUTT MARGIN
- SIMULTANEOUS FACIAL
- 360° PORCELAIN BUTT
- SIMULTANEOUS LINGUAL & INTERPROX
- SIMULTANEOUS 360° MARGIN

METAL MARGINS:

- .5MM LINGUAL COLLAR
- .5MM LINGUAL & INTERPROXIMAL
- .55MM 360° METAL COLLAR

OCCLUSION:

- FULL PORCELAIN
- METAL LINGUAL
- METAL OCCLUSAL

- FULL RIDGE LAP
- MODIFIED RIDGE LAP
- NO RIDGE LAP
- OVATE CONTACT
- SANITARY CONTACT

FOR LAB USE

CERAMIC

dwt: _____

gr: _____

GOLD

dwt: _____

gr: _____

SHADE(S) _____

STUMP SHADE _____

TOOTH# _____

- HYPOCALCIFICATION
- CLEAR CRACK LINE
- STAINED CRACK LINE
- PIT STAINS
- GINGIVAL CHROMA _____
- INCISAL VALUE _____
- REDUCTION COPING _____
- LT. MED. DRK. NONE

SIGNATURE DR: _____

LIC. NO. _____