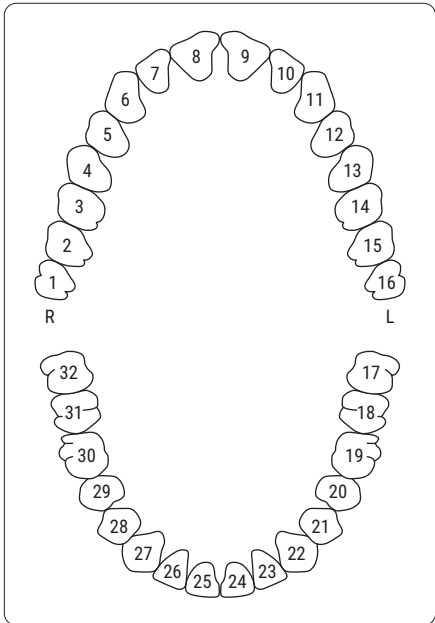


## Prestige Line Dental Studio

6011 Morriss Rd Suite #100, Flower Mound, TX 75028  
 Tel: 469-630-0186 email: PrestigeLineDS@gmail.com  
 www.PrestigeLineDS.com

<b>DENTAL OFFICE:</b> _____	<b>PATIENT NAME:</b> _____
<b>Dr's NAME:</b> _____	Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
PREP DATE: _____	APPT DATE: _____
DUE DATE: _____	<input type="checkbox"/> Try-In <input type="checkbox"/> AM <input type="checkbox"/> Finish <input type="checkbox"/> PM

**TOOTH #** \_\_\_\_\_



**ESTHETIC RESTORATIONS**

Esthetic EMax  
 Veneer  
 Esthetic Zirconia (layerd porcelain)  
 Full Contour Zirconia (no layerd porcelain)

**METAL(GOLD) RESTORATION**

<b>•Porceline fused metal</b>	<b>•Full Cast</b>
<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> 75% Gold
<input type="checkbox"/> High Noble (white)	<input type="checkbox"/> 40% Gold
<input type="checkbox"/> Noble (white)	

**IMPLANT**

Brand Name: \_\_\_\_\_

Size: \_\_\_\_\_

<b>Cement Retained</b> <i>(choose each one)</i>	<b>Screw Retained</b>
<b>•Abutment</b>	<b>•Crown</b>
<input type="checkbox"/> Zir.	<input type="checkbox"/> Zirkon
<input type="checkbox"/> Ti	<input type="checkbox"/> Emax
<input type="checkbox"/> Gold Hue	<input type="checkbox"/> PFM
	<input type="checkbox"/> Zirkon w/Ti insert
	<input type="checkbox"/> Emax w/Ti insert

**DIAGNOSTIC**

Diagnostic Wax Up

**Length of Centrals**

Original: #8 \_\_\_\_\_ Final: #8 \_\_\_\_\_  
 #9 \_\_\_\_\_ #9 \_\_\_\_\_

**PROVISINAL**

Provisitonal Restoration

Single Units  Splinted

**PONTIC DESIGN**

Modified ridge-lap	Saddle ridge-lap	Sanitary/hygienic	Point contact	Ovate

**IF THERE IS NOT ENOUGH CLEARANCE.**

Adjust Opposing Tooth  Reduction Coping

**CONTACTS**

<b>Interproximal</b>	<b>Occlusal</b>
<input type="checkbox"/> Light	<input type="checkbox"/> Out (0.3mm sub)
<input type="checkbox"/> Medium	<input type="checkbox"/> Light
<input type="checkbox"/> Heavy	<input type="checkbox"/> Contact

**OCCCLUSION**

Canine Guidance  
 Group Function

**SHADE**

**STAINING**

Light  
 Medium  
 Heavy

**Stamp Shade :** (       )

Email digital images to lab

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 SIGNATURE OF DENTIST

\_\_\_\_\_  
 DENTIST LICENSE #

**ENCLOSED:**

Impressions  Bites  
 Implant Parts  Photos  
 Facebow  Models  
 Pre-op Model

FOR LAB USE ONLY		
Impressions	Individual Die	
Bite Registrations	Photo	
Opposing Models	Crowns	
Master Models	Articulators (       )	
Study Models	Solid Models	