

### Patient Information

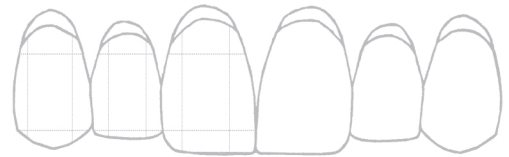
Delivery Date: \_\_\_\_\_ Fit Date: \_\_\_\_\_  
Patients Name: \_\_\_\_\_  
 Male  Female Age \_\_\_\_\_

### Dentist Information

Dentist Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

### Goals of Final Case:

#### Pontic Design



Shade desired: Gingival: \_\_\_\_\_ Body: \_\_\_\_\_ Incisal: \_\_\_\_\_

**PHONE ME TO DISCUSS CASE BEFORE STARTING**

<b>Chart Teeth to be Restored</b>	<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">8</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">1</td> <td style="border-left: 1px solid black; padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">8</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">1</td> <td style="border-left: 1px solid black; padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td><td style="padding: 2px 5px;">4</td><td style="padding: 2px 5px;">5</td><td style="padding: 2px 5px;">6</td><td style="padding: 2px 5px;">7</td><td style="padding: 2px 5px;">8</td> </tr> </table>	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	<b>Total Number of units:</b>
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																			
		<input style="width: 40px; height: 20px;" type="text"/>																																

### Type of Restoration:

- Zirconia**     
  **Alumina**     
  **Feldspathic**     
  **Pressable**  
 **Precious Metal**     
  **Non Precious Metal**     
  **Composite**

### Included With Case:

**Pre-op:**  Impressions  Models.   
**Mock-up:**  Impressions.  Models.   
**Opposing:**  Impressions  Models  
**Provisionals (Req. Anterior cases):**  Impressions  Models.   
**Final Impressions:**  Impressions  Models

### Notes:

**Occlusal Records:**  Hand Articulate   
 CO Bite   
 CR Bite   
**Mount models on a semi adjustable articulator e.g. Denar**  
**Horizontal transfer Information:**  Stick Bite   
 Bite Fork   

### Required Photographic Checklist

- Portrait (1:10):**   
 **Lips in Repose (1:2):**   
 Preop   
 Provisionals   
**Maximum smile (1:2):**   
 Preop   
 Provisionals  
 **Lips Retracted: lat. View upper incisors 1:2**  
 **Lips Retracted: frontal view molar to molar 1:2**   
Occluding:  Preop   
 Provisionals.   
Open 2mm at incisal edge:   
 Preop   
 Provisionals  
 **Photo of shade tab (required for all cases) - to remaining teeth and preps**  
 **Photo of stick bite**   
 **Photo of temps full smile retracted, including eyes**   
 **Photo of provisionals retracted, including eyes**

### Other Information

**Length of centrals** \_\_\_\_\_ mm   
**Lateral incisors shorter than centrals by:** \_\_\_\_\_ mm  
**Changes from provisionals:**  Length   
 Contour   
 Shape   
 Embrasure form   
 Other:  
 Notes: \_\_\_\_\_