Dental **Aesthetic Solutions**
151 Quarrystone Cir., Ste 110, Cary, NC 27519
**(919) 650-1200**
E-mail:DentalAestheticSolution@gmail.com

LAB USE ONLY

DR'S NAME _____ Date _____

ADDRESS _____

Patient _____ Sex : ❑ M ❑ F Age : _____

**Due Date :** ___ / ___ / ___ TOOTH NO. _____

**DIAGRAM OF SHADE DISTRIBUTION**

**Shade** _____ **Shade Type** _____

**PORCELAIN FUSED TO METAL**

- ❑ Porc. Fused to Non-Precious
- ❑ Porc. Fused to Semi-Precious
- ❑ Noble ❑ High Noble
- ❑ White Gold ❑ Yellow Gold
- ❑ Captek

**FULL CAST RESTORATIONS**

- ❑ White Hi-Noble
- ❑ Gold Crown
- ❑ Gold Inlay / Onlay
- ❑ Non-Precious

**ALL-CERAMIC (IPS EMPRESS)**

- ❑ Empress - Crown / Veneer ❑ e.max
- ❑ Empress - Inlay / Onlay ❑ Zirconia

**CONTACTS**

❑ Normal ❑ Heavy & Broad ❑ Point

**OCCLUSION**

- ❑ In Occlusion ❑ Out of Occlusion
- ❑ Slight out of Occlusion

**BUCCAL MARGIN**

- ❑ Porcelain Margin ❑ 360° Metal Margin
- ❑ Hairline or _____ mm

❑ **Diagnostic Wax Up** ❑ **Implant**

**IF NO OCCLUSAL CLEARANCE**

- ❑ Metal Occlusion ❑ Spot Opposing
- ❑ Reduction Coping ❑ Call

**PONTIC DESIGN**

**METAL DESIGN**

**℞ DESCRIPTION :**

Signature : _____ D.D.S. Lic. # _____

TERMS : 3% late charge over 15 days of the closing statement.