AU Dental Ceramics

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FIXED RX

Date_____ _____Due Date_____

Dr. Name _____

Phone _____Fax_____

Street Address_____

Name of Patient_____Gender ☐ M ☐ F Age _____

☐ Porcelain to Metal
☐ Full Cast Crown/Inlay
☐ Hi Noble
☐ Noble
☐ Non Precious
☐ Precision Attachment
☐ Implant Prosthesis

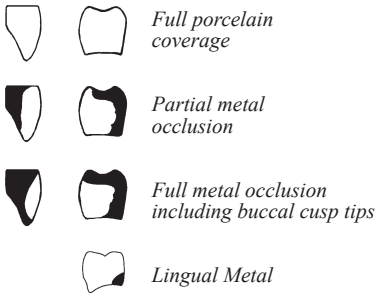
TEETH NUMBERS TO BE WORKED ON

PATIENT'S RIGHT SIDE								PATIENT'S LEFT SIDE							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

ITEMS INCLUDED WITH CASE

☐ Impression_____
☐ Impression/Partial _____
☐ Master Cast _____
☐ Opposing Cast_____
☐ Study Cast_____
☐ Bite Registration _____
☐ Articulator _____
☐ Shade Tabs _____
☐ AU Screws_____
☐ AU Cylinders _____
☐ Analogues _____
☐ Impression Coping_____
☐ Face bow transfer jig
☐ Model or impression of provisionals
☐ Matrix for determining buccal-lingual position of centrals
☐ Diagnostic wax-up
☐ Opposing impression or model
☐ Pre-operative models
☐ Photos (Qty ____) Email photos (Qty____)
☐ Other _____

METAL DESIGN



Full porcelain coverage
Partial metal occlusion
Full metal occlusion including buccal cusp tips
Lingual Metal

PONTICS

Sanitary
Bullet
Ovate
Half Ridge lap
Full Ridge lap

RIDGE RELIEF
☐ None
☐ Slight
☐ Medium
☐ Heavy

Emergence
☐ Template profile

NON METAL RESTORATION
☐ IPS Empress Esthetic
☐ IPS e-Max
☐ IPS ZirPress
☐ Lava
☐ Procera

DIAGNOSTIC WAX-UP

Prep Guide	☐ Yes	☐ No
Bite Matrix	☐ Yes	☐ No
Temp Matrix	☐ Yes	☐ No

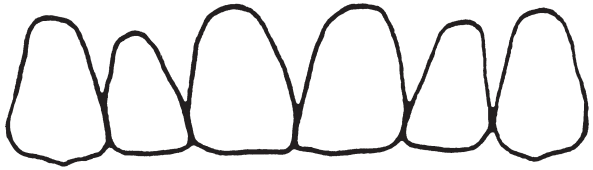
FACIAL MARGIN DESIGN
Porcelain Margin
☐ Tooth #_____
☐ Show No Metal
(Disappearing metal margin)
☐ Show No Metal 360°
☐ Metal Margin 360° _____ mm
☐ Tooth #_____

COMPOSITE
☐ Sculpture ☐ FibreKor ☐ Radica

VERTICAL DIMENSION ☐ Open bite
Vertical measurement _____mm CEJ tooth #_____ to CEJ tooth #_____

LENGTH
Centrals (tooth #_____) _____ mm Laterals (tooth #_____) _____ mm less than
Centrals Canine (tooth #_____) _____ mm
Any special length instructions _____

SHADE INSTRUCTIONS
See detailed shade guide online for additioinal shade instructions.



VALUE					
☐ High	Translucency	☐ Heavy 1.5m	☐ Med. 1mm	☐ Min. .5mm	☐ None
☐ Medium	Lobing	☐ Yes	☐ No		
☐ Low	Surface Texture	☐ Heavy	☐ Medium	☐ Light	☐ None
	Occlusion Stain	☐ Heavy	☐ Medium	☐ Light	☐ None Color?_____
	Hypo-Calcification	☐ Heavy	☐ Medium	☐ Light	☐ None
	Craze Line	☐ Heavy	☐ Medium	☐ Light	☐ None Color?_____

SHAPE
☐ Smile guide design _____ ☐ Match photographs included
☐ Smile catalog design _____ ☐ Match contralateral ☐ Other _____

SHADE OF PREPARATION
Stump shade teeth #s_____ ST / ND* _____ Stump shade teeth #s_____ ST / ND* _____
Stump shade teeth #s_____ ST / ND* _____ Stump shade teeth #s_____ ST / ND* _____
*Differentiate between ST and ND

IMPLANT SYSTEM
☐ Nobel Biocare ☐ Zimmer ☐ Biomet3I ☐ Straumann ☐ Custom CADD CAM Abutments
☐ Atlantis ☐ Procera ☐ Lava 3M ☐ Cementable ☐ Screw Retained ☐ Other_____

RX INSTRUCTIONS ☐ CALL ME

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

RETURN FOR
☐ Die Trim ☐ Evaluation ☐ Wax Check ☐ Metal Try-In ☐ Bisque ☐ Finish

PLEASE SEND LABELS
☐ RX ☐ Air ☐ Boxes

_____
Signature of Dentist Required Dentist License #

The person signing this authorization accepts sole responsibility for full payment, all legal fees, collection costs, and agrees to the terms and conditions on our Rate Card, including guarantee. Payments are due in full, 30 days from statement date.