Ph #(800) 750-5004 Fax #(714) 529-9713

Doctor: _____ Date: _____

Patient Name: _____

Due in your office by 5:00PM on: _____

Please Refrain from Scheduling Chair Time on Due Date

PFM HIGH-FUSING CERAMICS

- ❑ Porcelain Fused to White Gold 52%
- ❑ Porcelain Fused to Semi Precious (See **COPING DESIGN** on right)

IMPLANT RESTORATION

- ❑ Screw-Retained Restoration
- ❑ Cement-Retained Restoration

ALL-CERAMIC

- ❑ e.Max® Veneer/Crown/Inlay/Onlay
- ❑ Feldspathic Porcelain Veneer
- ❑ Lava® Zirconia Crown
- ❑ Noritake® Full Contour Zirconia
- ❑ Other _____

℞ _____

_____

_____

_____

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_____

Signature: _____ Lic# _____

TERMS: Customer agrees to company policy as stated on reverse.

Esthetic Check List

PRE-OP

- ❑ Opposing model
- ❑ Pre-op photos
- ❑ Pre-op models

PREPARATIONS

- ❑ Anterior bite/cotton stick aligned to horizon
- ❑ Shade of preparations (prep shade) _____
- ❑ Photographs of preparations
- ❑ Working impression
- ❑ Bite registration

TEMPORARIES

- ❑ Study model of temps that patient has accepted
- ❑ Photographs of patient with provisionals
- ❑ Length of centrals to soft tissue _____mm

COPING DESIGN

- ❑ No metal collar (360° ceramo-metal margin)
- ❑ 0.5 mm metal lingual collar
- ❑ 360° 0.5 mm metal collar
- ❑ Metal lingual/centric
- ❑ Metal occlusal
- ❑ Facial/Buccal porcelain margin
- ❑ Facial/Buccal ceramo-metal junction margin

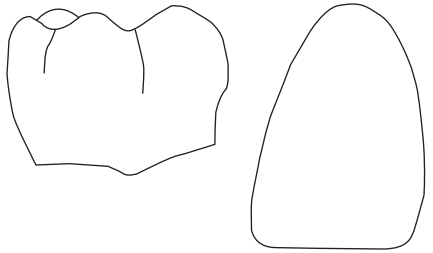
_____

Requested Technician

_____

Desired Final Shade

Use diagram below (if needed)



Occlusal Stain:

none ❑ light ❑ medium ❑ dark ❑

Surface Texture:

smooth ❑ moderate ❑ heavy ❑

Haupt Dental Lab, Inc
1220 E. Birch, #201
Brea, CA 92821

Phone (714) 529-9792

(800) 750-5004

Fax (714) 529-9713

email: Ryan@Hauptlab.com

www.hauptlab.com

REV 9/17