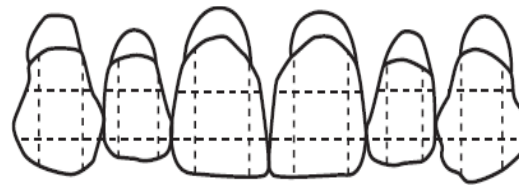


For Office Use Only

Ship by: _____
Shipping In _____



*If custom shade by lab, please provide patient's phone numbers:

Ph #: _____

Ph.#: _____

If Inadequate Clearance

- Reduce & Mark Die
- Reduction Coping
- Spot Opposing
- Call Doctor



Full Ridge



Partial Ridge



No Ridge



Point Contact



No Contact



Occlusal Stain

- None
- Light
- Medium
- Dark

Additional Information Needed

- Photo of Smile
- Photo w/ Shade Tab
- Photo w/ Stump Shade

Single Unit Tooth # 's: _____

Bridge Tooth # 's: _____

****Implant Case** – Please also complete "Implant RX"

Special Instructions:

Call Doctor*

*Allow 2 more days

Ship To:

Practice _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Payment Method: Visa MasterCard Amer. Express *Invoice

*New Clients will be billed by credit card unless credit application has been completed

Card # _____ Exp Date _____

Signature _____ Print Name _____

Advanced Esthetics RX

RX Date: _____ Due Date: (required) _____
 By Noon By 5pm

Incomplete Lab slip will delay your case

Prescribing Practitioners Name _____ Phone # _____

Patient LAST NAME,		FIRST NAME		Age		Gender									
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

Enamel Shade: _____ Stump Shade: _____ Custom *
E-mail Pictures to: office@sequencedental.com

Reason for Veneer

- Closing Diastema
- Discolored Teeth
- Misalignment
- Lengthening

Smile Design

- Follow Study Model
- Follow Provisional
- Match Photo
- Make Ideal

Diagnostic Wax-Up

- Presentation White
- Tooth Colored-A1

Sequence-Temps

- Composite _____
- Acrylic _____

Composite

- Sinfony
- Sinfony-Vectris
- Sinfony to Metal

Type of Restoration

- Crown _____
- Bridge _____
- Veneer _____
- Onlay _____
- Inlay _____
- Implant** _____

All-Ceramic

- IPS Empress _____
- Feldspathic _____
- Lava/YZ _____

Porcelain Fused to Metal - PFM

- White gold-semi precious _____
- Yellow gold-precious _____
- Non-Precious _____
- Other _____

Full Gold Crown

- FGC (yellow) _____
- FGC (white) _____
- FC (non-precious) _____

Porcelain Margin

- Facial
- 360°

Metal Occlusal

Surface Anatomy

- Smooth
- Textured
- Mamelon
- Match Existing

Surface Finish

- High Glaze
- Polished Gloss
- Satin Finish
- Low Gloss

Incisal

Translucency

- Minimal 0.5mm
- Modest 1.0mm
- Max 1.5mm

*Custom shade times differ due to difficulties in isolating shades with extreme color differences ie: tetracycline staining or hypo-calcification marks. This may result in more than one shade appointment.

Dentist Signature _____ Lic # _____

