## **MEART DENTAL ART, INC.**

| Doctor's name  |          | Patient's                                    | name    | )       |          |            |  |
|--|----------|--|---------|---------|----------|------------|--|
| First Last   |          |  |         |         |          |            |  |
|  |          | ☐ Male ☐ Female Age:                         |         |         |          |            |  |
| Due I  | Date     | * Please co                                  | onsider | shippir | ng time. | Thank you! |  |
| Signature  | Lic.     | #  | Date.   |         |          |            |  |
| 1 2 3 4 5 6 7  | 8        | 9 10   | 11      | 12 1    | l3 14    | 15 16      |  |
| 32 31 30 29 28 27 26   | 25       | 24 23  | 22      | 21      | 20 19    | 9 18 17    |  |
| ☐ GENERAL (Monolithic)  Teeth#'s ☐ Zirconia FC with stain ☐ Lithium Disilicate(Emax)     |          | ☐ Frame Try-in ☐ Finish☐ Bisq. Try-in☐ Other |         |         |          |            |  |
| <ul><li>QUALITY (Layering) Teeth#'s</li><li>MASTER Teeth#'s</li></ul>                    |          |  |         |         |          |            |  |
| IMPLANT Campany  |          | type   |         |         | size     | •          |  |
| □ Cement Retained □ Custom Abutment □ Ti □ Zi □ Gold □ Screw Retained □ Screwmentable    |          |  | Inst    | truc    | tions    | / Note :   |  |
| MATERIAL   |          |  |         |         |          |            |  |
| ☐ Emax Teeth#'s  |          |  |         |         |          |            |  |
| ☐ Zirconia Teeth#'s  |          |  |         |         |          |            |  |
| <ul><li>Diagnostic Wax Up</li><li>*Please email more information</li><li>Other</li></ul> |          |  |         |         |          |            |  |
| Lab Use Only ☐ Photo ☐ Old I Articulator #   | Lab Slip | □Mem   | 0       |         | SF [     | W          |  |
| Components   |          |  |         |         | III SP   | Y          |  |
| Note:  |          |  |         |         |          |            |  |

|                            | No.                    |             |                 |                      |                   |            |          |   |  |  |
|----------------------------|------------------------|-------------|-----------------|----------------------|-------------------|------------|----------|---|--|--|
| <b>DESIGN</b>              |                        |             |                 |                      |                   |            |          | _ |  |  |
| Occlusal Surface           |                        |             |                 | Margin               | Margin            |            |          |   |  |  |
| □ Porcelair                | ☐ Porcelain ☐ Zirconia |             |                 |                      | □ DMM/Zero Margin |            |          |   |  |  |
| *if it is not enough space |                        |             |                 | ☐ Porcelain Margin   |                   |            |          |   |  |  |
|                            | Adjust Oppo            | _           |                 |                      | 180°              | □ 360      | l°       |   |  |  |
|                            | Make Reduc             |             | 9               |                      |                   |            |          |   |  |  |
|                            | Call me                | mm)         |                 |                      |                   |            |          |   |  |  |
| PONTIC                     |                        |             |                 |                      |                   |            |          |   |  |  |
| ☐ Modified                 | Ridgrap                |             |                 |                      |                   |            |          |   |  |  |
| □ Ovate                    |                        |             |                 |                      |                   |            |          |   |  |  |
| □ Other                    |                        |             |                 |                      |                   |            |          |   |  |  |
| SHADE                      |                        |             |                 |                      |                   |            |          |   |  |  |
| □ Vita                     |                        | voclar      |                 | Other                |                   |            |          |   |  |  |
|                            | f the photo is         |             |                 |                      | ostpone           | ed)        |          |   |  |  |
| ☐ Custom                   | Shade                  | -           |                 |                      |                   | ,          |          |   |  |  |
| <u>,</u>                   |                        |             | Inst            | Instructions / Note: |                   |            |          |   |  |  |
| Final Shade                |                        |             |                 |                      |                   |            |          |   |  |  |
|                            |                        | _           |                 |                      |                   |            |          |   |  |  |
| Die Shade                  |                        | _           |                 |                      |                   |            |          |   |  |  |
|                            |                        | _           |                 |                      |                   |            |          |   |  |  |
|                            |                        | _           |                 |                      |                   |            |          |   |  |  |
|                            |                        |             |                 |                      |                   |            |          |   |  |  |
| Translucent                | □High                  |             |                 |                      |                   |            |          |   |  |  |
|                            | ☐ Medium<br>☐ Low      |             |                 |                      |                   |            |          |   |  |  |
| Otalulus                   | <del></del>            |             |                 |                      |                   |            |          |   |  |  |
| Staining                   | □ Light<br>□ None      |             |                 |                      |                   |            |          |   |  |  |
|                            | □ Natural              |             |                 |                      |                   |            |          |   |  |  |
|                            |                        |             |                 | Lengt                | h of toot         | h #8 (     | mm)      |   |  |  |
|                            | NCLOSURES              |             |                 |                      |                   |            |          |   |  |  |
| ☐ Impression               |                        |             |                 | ☐ Bite               |                   |            |          |   |  |  |
| □ Replica                  |                        | ☐ Abutment  |                 |                      | ☐ Screw           |            |          |   |  |  |
| ☐ Articulator              | r                      |             |                 |                      |                   |            |          |   |  |  |
| ☐ Study Mo                 | dels *all ar           | nterior cas | ses must i      | nclude a             | study             | model      |          |   |  |  |
| □Other                     |                        |             |                 |                      |                   |            |          |   |  |  |
| HEART DE                   | ENTAL ART,             | INC 174     | 475 Gillette Av | ve., Suite 1         | 20, Irvine        | , CA 9261  | 4        |   |  |  |
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