

las vegas **esthetics**

2545 W Cheyenne Ave  
Las Vegas, NV 89032

toll free (800) 711-6011  
local (702) 889-5081  
fax (702) 396-0451

Dr. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ [ ] Male

Patient \_\_\_\_\_ [ ] Female

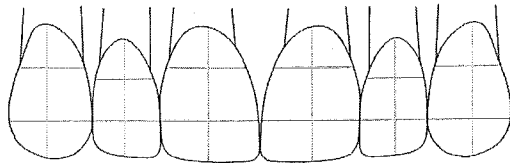
Due Date\* \_\_\_\_\_

\*Please allow 7 lab days for composite restorations and 10 lab days for all others, including diagnostic wax-ups and orthotics. Allow 2 additional days for shipping.

**Tooth Numbers**

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



Shade \_\_\_\_\_ Prep Shade \_\_\_\_\_

Value [ ] High [ ] Medium [ ] Low

Translucency [ ] Light [ ] Medium [ ] Heavy

Base Dentin = \_\_\_\_\_

Cervical Dentin = \_\_\_\_\_



Pit & Fissure Stains [ ] None [ ] Light [ ] Medium [ ] Heavy

INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received \_\_\_\_\_ Case Pan \_\_\_\_\_

**Type of Restoration**

- Porcelain**
- Empress Esthetic Crown/Veneer (cut back & Layered)
  - Empress Crown/Inlay/Onlay
  - E.Max Esthetic Crown/Veneer (cut back & layered)
  - E.Max Crown
  - Press to Zirconia
    - LAVA
    - Cercon

- Full Cast Metal**
- High Noble
    - Gold Color
    - Silver Color
  - Semi-Precious
  - Non-Precious
  - Post & Core
- Maryland Bridges**
- Composite Frame with Empress Esthetic Veneer
  - E.Max
  - Porcelain to Metal
  - Composite
  - Press to Zirconia

- Porcelain to Metal**
- Porcelain to Metal
    - 99% Gold (singles only)
    - High Noble (Gold Color)
    - High Noble (Silver Color)
    - Semi-Precious
    - Non-Precious
  - Porcelain to Margin
  - Buccal Porcelain Margin
  - 360 Porcelain Margin
  - Metal Collar
    - Lingual Only
    - 360

- Composite**
- Belleglass/Premise
  - Cristobal
  - Gradia
  - Sinfony
  - Tescera
  - Post & Core

- Orthotics/Nightguards**
- Removable Neuromuscular Orthotic
  - Fixed Neuromuscular Orthotic
  - Nightguard

- Uncertain - Please Call to Discuss Case
- Please Send Me:
  - RX's
  - Boxes
  - Mailing Labels

- Implant
- Diagnostic Wax-up

- Removables**
- Denture
  - Partial

Pontic Design (circle one)



**List of Items Sent**

|   | Qty   |  | Qty   |   | Qty   |
|---|-------|--|-------|---|-------|
| <input type="checkbox"/> Full Arch Impression | _____ | <input type="checkbox"/> Symmetry Bite     | _____ | <input type="checkbox"/> Photos         | _____ |
| <input type="checkbox"/> Quadrant Impression  | _____ | <input type="checkbox"/> Opposing Model    | _____ | <input type="checkbox"/> Previous Units | _____ |
| <input type="checkbox"/> Bite Registration    | _____ | <input type="checkbox"/> Study Model       | _____ | <input type="checkbox"/> Other          | _____ |
| <input type="checkbox"/> Relined Bite Stint   | _____ | <input type="checkbox"/> Diagnostic Wax-Up | _____ |   |       |

Signature \_\_\_\_\_ License \_\_\_\_\_