DOCTOR:_____

PATIENT:_____ **AGE:**_____ **SEX** ☐**M** ☐**F**

DESIGN:
SINGLE UNIT #'S_____
SPLINTED UNIT #'S_____
IMPLANT UNIT #'S_____

PHOTOS
☐ EMAIL WITH CASE
☐ TO BE SENT BY____/_____/_____
☐ DROPBOX
☐ NO PHOTOS

AESTHETIC REQUIREMENTS:
SHADE SELECTION_____ PREP SHADE:_____
VALUE_____ PINK CERAMIC:_____
INCISAL_____ CHARACTERIZATION:_____
GINGIVAL_____

CASE TYPE: **TYPE:**
ZIRCONIA #'S_____ ☐ LAYERED ☐ MONOZIR*
EMAX #'S_____ ☐ LAYERED ☐ MONOLITHIC
VENEER #'S_____
ESTHETIC ADD ON'S (EAO'S)_____
METAL CERAMIC #'S_____
FULL GOLD CROWN #'S_____
OTHER_____

MARGIN CONFIGURATION
PORCELAIN BUTT #'S_____ NO COLLAR #'S_____ METAL COLLAR #'S_____

PONTIC DESIGN
OVATE PONTIC_____MODIFIED PONTIC_____

IMPLANT DESIGN ☐ **JKAD** ☐ **SCREW-RETAINED CROWN**
ABUTMENT MATERIAL: ☐ ZIRCONIA ☐ TITANIUM
BRAND NAME_____
SIZE/DIAMETER_____
PARTS SENT:_____ ☐ BITE POST

DIAGNOSTICS
☐ DIGITAL PROVISIONAL ☐ PROVISION QUALITY WAX-UP
☐ COMPREHENSIVE DIAGNOSTIC WAX-UP ☐ BASIC WAX-UP

FUTURE RESTORATIVE/SPECIAL INSTRUCTIONS
☐ YES ☐ NO
_____
_____
_____
_____

***GOLD CROWN REPLACEMENT**

LEBEAU
Precision Aesthetics
1201 Monster RD SW Suite 410
Renton, WA 98057
800-325-3897 Toll Free
425-251-3535
425-251-0551 Fax
Info@lebeaudental.com

PREP DATE:_____ SEAT DATE:_____

DOCTORS LICENSE #:_____

DOCTOR'S SIGNATURE:_____

IN LAB USE:

DATE:_____ PAN #:_____

ZIRCONIA SHADE_____ EMAX SHADE_____

MARGIN_____ INCISAL_____

ITEMS INCLUDED WITH CASE
☐ FINAL IMPRESSION ☐ FACE-BOW
☐ SUPPLEMENTAL IMPRESSION ☐ CROSS MOUNTING RECORD
☐ OPPOSING MODEL ☐ BITE RECORD
☐ GO-BY CAST ☐ BITE RECORD NOT INCLUDED
☐ PRE-OP MODELS ☐ IMPLANT BITE POST
☐ ANALOG ☐ IMPRESSION COPING
☐ SCREW