

Quartz Dental, Inc.

13275 E. Fremont Pl. #206 Centennial, CO 80112
 Phone: 303-706-1474 Fax: 303-706-0014
 Email: quartzsmile@ihtw.com

DR: _____ Return Date: _____

Patient Name: _____

Pt Sex: _____ Pt Age: _____

Teeth 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

Restoration Type

- Full Gold Cast Crown
- Full Gold Inlay/Onlay
- High Noble / Noble PFM
- IPS Empress® Inlay/Onlay
- IPS e-max
- Zirconia

Restoration Goal

- Change Shade
- Close Diastema
- Tooth Alignment
- Tooth Contour
- Other: _____

Type of Articulator

- C. E. Stuart®
- Denar®
- SAM®
- Other: _____

Length of Centrals

#8 _____ mm
 #9 _____ mm

Crown Anatomy

- As Study Model
- Make Ideal
- Match Existing

Occlusal Clearance

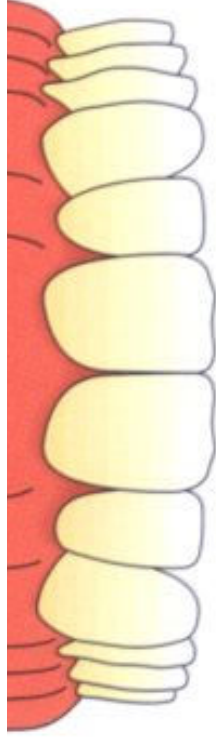
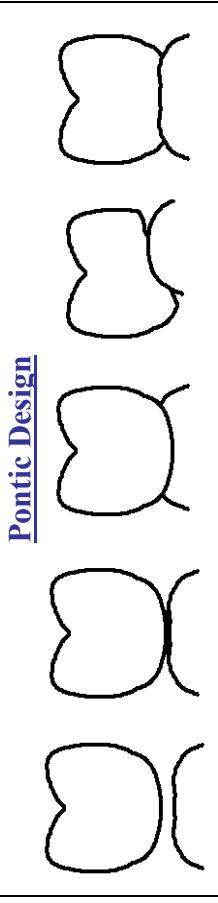
- Foil Relief
- In Occlusion
- Out of Occlusion

Margin Type

- 360° Porcelain Margin
- 360° Metal Margin
- Labial Porcelain Margin
- Lingual Metal Margin
- Metal Occlusion/Lingual
- Blended Margin
(porcelain & metal at margin)

Case Requests

- Bisque Try-In
- Reduce and Mark
- Reduction Coping
- Return for Die Trim
- Soft Tissue Model
- Other: _____



Shade: _____ Stump: _____

- Patient to be seen for Custom Shade Date: _____
- Request Scott be present for a Custom Mod/Staining at seating

Degree of Translucent

- Less
- As Shade Guide
- More

Value

- High (Bright)
- Medium
- Low

- Call Doctor before proceeding with case

Instructions

Doctor's Signature: _____