



# Aesthetic Oral Arts

1106 WEST PARK ST. SUITE #10  
LIVINGSTON, MT 59047  
LOCAL: 406-222-5944  
FAX: 406-222-5961  
TOLL FREE: 866-888-5944

## PATIENT NAME

SEX: M  F

AGE \_\_\_\_\_

# Rx ♦ Fixed Signature Line Restorations

RX # \_\_\_\_\_

Please Schedule case back one day before actual seat date

**DUE DATE:** \_\_\_\_\_ BY 5:00 PM

**Rx DATE:** \_\_\_\_\_ **RUSH CASE?**

**DR. NAME:** \_\_\_\_\_ **CALL ME?**

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**DR. PHONE NUMBER** \_\_\_\_\_

## DIAGNOSTIC WAX-UP

Brown-Wax  Yes  No  
Pink-White  Yes  No  
Temp Matrix  Yes  No

## SHAPE

Smile Guide Design # \_\_\_\_\_  
Match Photographs \_\_\_\_\_  
Other \_\_\_\_\_

**If Insufficient Room**  Reduce Prep  Reduce Opposing  Close Diastema  
**Occlusion Clearance**  In Occlusion  Out of Occlusion  
**Mold of Crown**  Follow Study Model  Match Existing  Ideal

## Crown & Bridge

### PORCELAIN FUSED TO METAL

Non-Precious  
 Semi Precious  
 White High Noble  
 Yellow High Noble

### METAL-FREE RESTORATION

IPS e.max PRESS  
 Bruxzir  
 Feldspathic  
 PFZ (Porc. Fused Zir)

### FULL METAL CAST

Non Precious  
 Semi Precious 2% Au  
 Yellow Noble 46% Au  
 Yellow High Noble 52% Au  
 Yellow High Noble JRVT 77% Au

## TEETH TO BE RESTORED

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

## CHARACTERIZATION

Translucency  Heavy  Medium  Light  None  
Lobing  Yes  No  
Surface Texture  Heavy  Medium  Light  None  
Occlusion Stain  Heavy  Medium  Light  None  
Hypo-Calcification  Heavy  Medium  Light  None

## VALUE

High (bright)  
 Medium  
 Low

## SHADE

Incisal Shade \_\_\_\_\_  
Body Shade \_\_\_\_\_  
Gingival Shade \_\_\_\_\_

Stump Shade (metal free restorations) \_\_\_\_\_

## RETURN FOR:

Die Trim  Evaluation  Metal Try-In  Bisque  Finish

## PLEASE SEND:

Rx  Boxes  Return Labels  Other

## METAL DESIGN

Metal Lingual Collar  
 Partial metal occlusion  
 Full metal occlusion including buccal cusp tips  
 360° Metal Margin  
 Porcelain Butt Margin

## PONTIC DESIGN

Sanitary  
 Bullet  
 Ovate  
 Half Ridge Lap  
 Full Ridge Lap

## IMPLANTS

System: \_\_\_\_\_  
Diameter: \_\_\_\_\_  
 Screw Retained  
 Cement Retained  
 Doctor to provide components  
 Lab to provide components  
 Custom Titanium abutment  
 Custom Zirconia abutment  
 Stock abutment

## TEMPORARIES

Processed Temps (indicate pontics)  
 Processed Temps (reinforced)  
 Milled Temps  
 Custom Composit

## INSTRUCTIONS - PLEASE PRINT

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

**X** \_\_\_\_\_ **#** \_\_\_\_\_  
SIGNATURE OF DENTIST DENTIST LICENSE NO.  
The person signing this authorization accepts sole responsibility for full payment, all legal fees and collection costs, and agrees that jurisdiction and venue of any collection matter shall be in Park County, MT.