



Dental Aesthetic Solutions

150 Preston Executive Dr., Ste 209, Cary, NC 27513

(984) 377-7150

E-mail: DentalAestheticSolution@gmail.com

LAB USE ONLY

DR'S NAME _____ Date _____

ADDRESS _____

Patient _____ Sex : M F Age : _____

Due Date : / / TOOTH NO. _____

DIAGRAM OF SHADE DISTRIBUTION

Shade _____ Shade Type _____

PORCELAIN FUSED TO METAL

Porc. Fused to Non-Precious
 Porc. Fused to Semi-Precious
 Noble High Noble
 White Gold Yellow Gold
 Captek

FULL CAST RESTORATIONS

White Hi-Noble
 Gold Crown
 Gold Inlay / Onlay
 Non-Precious

ALL-CERAMIC (IPS EMPRESS)

Empress - Crown / Veneer e.max
 Empress - Inlay / Onlay Zirconia

CONTACTS

Normal Heavy & Broad Point

OCCLUSION

In Occlusion Out of Occlusion
 Slight out of Occlusion

BUCCAL MARGIN

Porcelain Margin 360° Metal Margin
 Hairline or _____ mm

Diagnostic Wax Up Implant

IF NO OCCLUSAL CLEARANCE

Metal Occlusion Spot Opposing
 Reduction Coping Call

PONTIC DESIGN

METAL DESIGN

Rx DESCRIPTION :

Signature : _____ D.D.S. Lic. # _____

TERMS : 3% late charge over 15 days of the closing statement.