



VALLEY DENTAL ARTS

Date: _____ Due Date: _____ By 5 p.m.

Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Patient Name: _____

Female Male Age: _____

Master Diagnostic Mock-up™

- Full MDM™ (includes tissue, stents, and putty matrix)
- Simple MDM™ (waxup teeth only)
- Full Coverage _____
teeth #(s) _____

Veneers _____
teeth #(s) _____

Mount to _____ articulator

Hand mount/stick bite

Bite registration CO

Bite registration CR

Equilibrate bite

Photos needed for MDM™

- Full Face smile
- Close up smile with lips
- Profile smile
- Full face with stick-bite

Open vertical _____ mm

Lengthen _____ mm
teeth #(s) _____
how much? _____ mm

Shorten _____ mm
teeth #(s) _____
how much? _____ mm

Restore Guidance

Provisionals

teeth #(s) _____
 Acrylic
 Bis-acrylic

Shade _____

Porcelain Fused to Metal

Metal Try-in Bisque Bake Finish

Facial Collar _____
teeth #(s) _____ size _____ mm

Lingual Collar _____
teeth #(s) _____ size _____ mm

Porcelain butt shoulder _____
teeth #(s) _____

PFM Noble

White High Noble

Yellow High Noble

Full Gold Noble

None Light Ovate

Ceramic Restorations

Lithium Disilicate / e.max®

Monolithic _____
teeth #(s) _____

Hand Layered _____
teeth #(s) _____

Zirconia

EZR High Trans _____
teeth #(s) _____

EZR High Strength _____
teeth #(s) _____

Hand Layered _____
teeth #(s) _____

Feldspathic Porcelain

teeth #(s) _____

Items Required

Study Cast (a must)

Original

Provisional

Articulation

Mount to _____ articulator

Average mounting/Stick-bite

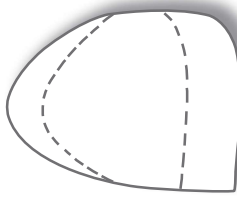
Bite registration CO

Bite registration CR

Pre-op and Provisional

Photos Needed:

- Prep shade with shade guide
- Full face with smile
- Close up smile with lips
- Retracted close-up with shade guides
- Full face with stick-bite (horizontal)



Final Shade



Occlusal Stain:

- None
- Light
- See Photo

Prep Shade _____

Implant Information

Implant Type: _____

Implant Size: _____

- Treatment cost evaluation
- Milled custom abutment Cement retained
- Custom titanium abutment Screw retained
- Custom zirconia abutment Cement vent hole

I have enclosed images:

- CD USB Drive CF Card Other _____
- e-mail Email photos to: photos@valleydentalarts.com
- Dropbox

Please send the following:

- Rx Forms Boxes Shipping labels
- Other _____

Special Instructions

- Call me - I would like to speak with _____
- Permission to adjust opposing _____
- Permission to use a reduction coping _____

Doctor Signature _____

License # _____

I agree to be bound by the policies, terms and conditions set forth in the most recent booklet of recommendations, policies, price lists, and time schedules received by me from Valley Dental Arts, including, but not limited to the provisions therein relating to the finance charge on past due accounts.

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