



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
teeth #(s) _____

how much? _____mm

Shorten
teeth #(s) _____

how much? _____mm

Restore Guidance

Provisionals
teeth #(s) _____

Acrylic

Bis-acrylic

Shade _____

I have enclosed images:

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

Ceramic Restorations

Lithium Disilicate

E-max®

Monolithic teeth #(s) _____

Hand Layered teeth #(s) _____

Lisi®

Monolithic teeth #(s) _____

Hand Layered teeth #(s) _____

Amber®

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

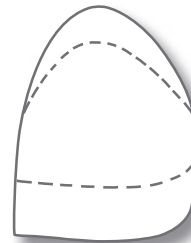
Articulation

- 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)

Shade Information



Final Shade



Occlusal Stain:

- None
- Light
- See Photo

Prep 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

Ridge Relief:

- None Light Ovate Full Gold Noble

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

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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