



ABBY DENTAL STUDIO

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DUE _____ DELIVERED BY SPM

**TO Determine Delivery Date: SEE OUR SCHEDULE ON BACK OF RX. PLEASE DO NOT SCHEDULE YOUR PATIENT ON DUE DATE.

PLEASE:

- SEND RX FORMS
- CALL DOCTOR ABOUT CASE BEFORE PROCEEDING

DOCTOR _____

PATIENT _____

TYPES OF RESTORATION

- Diagnostic Wax Up
- Custom Tray

ALL CERAMIC

- emax Press _____
- emax Layered _____
- Full Contour Zirconia _____
- Layered Zirconia _____

PORCELAIN TO METAL

- Porcelain Occlusion _____
- Metal Occlusion _____
- Butt Margin _____
- Fine Metal Collar _____
- Combo _____

METAL

- Gold Restoration _____

IMPLANTS

- Gold Over Implant _____
 - Custom Abutment _____
- PFM Over Implant _____
 - Custom Abutment _____
- ZR Over Implant _____
 - Custom Abutment _____

NIGHT GUARDS

- Acrylic Hard Night Guard
- Thermaflex Night Guard

OCCUSAL CONTACTS

- 1 Foil Relief
- 2 Foil Relief
- Out of Occlusion

TOOTH#

GOALS FOR FINAL CASE

- Close diastema
- Feminize smile
- Move midline
- Change shade
- Lengthen teeth
- Other: _____

INCISAL TRANSLUCENCY

- Minimal .5
- Moderate 1.0
- Maximum 1.5

INTERPROX. CONTACTS

- Light
- Heavy
- Broad

SURFACE TEXTURE

- Smooth
- Slight
- Moderate
- Heavy

SURFACE FINISH

- Low Gloss
- High Gloss

SHADE OF INCISAL

- White
- Blue
- Gray
- Clear

OCCUSAL STAIN

- None
- Medium
- Light
- Dark

IF INADEQUATE CLEARANCE ADJUST: ☐ PREP ☐ OPPOSING ☐ NOTIFY DOCTOR



FULL
LAP



MODIFIED
LAP



BUCCAL
LAP



SANITARY
SPACE



OVATE

Gingival
Body
Incisal



Dentist's Signature



ABBY DENTAL STUDIO

Turn Around Times

(Business Days)

**FULL CONTOUR
ZIRCONIA**

3 DAYS

ALL CERAMIC

10 DAYS

PFM

14 DAYS

GOLD

10 DAYS

IMPLANTS

16 DAYS

NIGHT GUARDS

3 DAYS

Rx
