



ABBY DENTAL STUDIO

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DOCTOR _____

DUE _____ DELIVERED BY SPM

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

PATIENT _____

PLEASE:

- SEND RX FORMS
- CALL DOCTOR ABOUT CASE BEFORE PROCEEDING

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

- Full Gold Crown _____
- 7/8 Crown _____
- Inlay/Onlay _____

TOOTH#

IMPLANTS

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

NIGHT GUARDS

- Thermaflex Night Guard
_____ Upper _____ Lower

OTHER

- Diagnostic Wax Up
- Custom Tray

TOOTH#

GOALS FOR FINAL CASE

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

SURFACE TEXTURE

- Smooth
- Slight
- Moderate
- Heavy

SHADE OF INCISAL

- White
- Blue
- Gray
- Clear

INCISAL TRANSLUCENCY

- Minimal .5
- Moderate 1.0
- Maximum 1.5

OCCUSAL STAIN

- None
- Medium
- Light
- Dark

OCCUSAL CONTACTS

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

INTERPROX. CONTACTS

- Light
- Heavy
- Broad

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

Gingival
Body
Incisal



FULL
LAP



MODIFIED
LAP



BUCCAL
LAP



SANITARY
SPACE



OVATE

Dentist's Signature



ABBY DENTAL STUDIO

Turn Around Times

(Business Days)

**FULL CONTOUR
ZIRCONIA**

5 DAYS

ALL CERAMIC

10 DAYS

PFM

14 DAYS

GOLD

10 DAYS

IMPLANTS

16 DAYS

NIGHT GUARDS

5 DAYS

Rx
