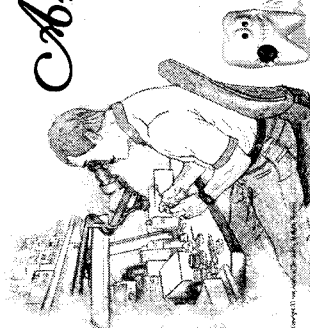


American Dental Arts

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PLEASE PRINT Patient's Name: _____ **Prep Date:** _____

PLEASE PRINT Doctor's Name: _____ **Please Specify Pt. Appointment Date & Time:** _____

Pt. Information Male Female HIV Hepatitis Uses Bleach
 Alloy Allergies, Specify _____
Pt's Age Group: Child Teen Young Adult 30's 40's 50's Senior
Teeth # **Shade:** Occlusal Stain: None Light Medium Dark

Dr. Trim Die Call Doctor Metal Try-in Bisque Bake Complete Case

Pontic Design: Ovate Ridge Lap Saddle Sanitary

Specify Restoration: PFM Ivoclar D. Sign E-MAX Zirconia
 Full Cast Metal Noritake EX3 Layered Full Contour

Specify Metal Type:
 High Nobel (Deep Yellow)
 High Nobel (Pale Yellow)
 High Nobel(White)*
 High Nobel/Captex*
 Nobel/Semi-Precious*
 * Additional Fee * Economical Solutions

Specify All Ceramic Type:
 E-MAX Press Ivoclar
 Lava 3M ESPE Zirconia
 Everest Kavo Zirconia
 Generic Zirconia*
 Other _____

Specify Metal Design:
 Distal Lingual Tab
 Metal Occlusal
 Porcelain Labial Margin
 Lingual Band
 Mes/Dist/Ling Band
 Full Cervical Band

Doctor's Signature & License Number _____ **Doctor's Address & Phone Number** _____

LAB USE ONLY PLEASE **Date Received:** ____/____/____ **Case Pan #** _____ **Date Due:** ____/____/____

Intake Tech Initials: _____ Assigned Model Tech: _____
 Model Due By: _____
 Patient's Items _____ Tech Initials and Finish Date Below: _____

Implant Parts, Specify Below Case Photos Case Files, Specify

OS Lab & Return Date: _____

Doctor's Notes or Additional Instructions for Technician:

Additional Shade Information for Lab:
 Custom Shade (Call for shade appt.)
 Shade Adjustment

Instructions if Insufficient Room:
 Call Doctor Reduce Opposing
 Bite Island Trim Coping:

