(Please let us know if you attended a Durathin course with Mark and Dr. Berlin as you get a Discounted rate on Cosmetic Cases for an introductory period)

experience dental studio

Case # _____ **Pan:** _____

(shaded area for lab use only)

Appointment Date/Time: _____

Doctor: _____

Practice: _____

Address / City / State / ZIP: _____

Phone: _____ **Email:** _____

Patient Name: _____ **Other Names:** _____

Case Details

Case Type

☐ **Esthetic**(Anterior/Full Mouth) **Units:** _____

☐ **Standard**(Posterior) **Units:** _____

☐ **Case Evaluation**

New Case ☐**Yes** ☐**No If No,** (*Please fill out section below)*

Doctor, Patient Name & Date of last restoration) _____

_____

Restoration & Teeth Specification

☐ Digital Mockup
☐ Diagnostic/Cosmetic Wax-up
☐ Durathin Wax-up
☐ Durathin / Feldspathic—Prepless Veneers
☐ Durathin Press — Lithium Disilicate
☐ E-Max / Lissi — Lithium Disilicate
☐ Zirconia Crown
☐ Temporary Restoration — PMMA
☐ Implants — Specify in Section

Length of Centrals

#8 _____ mm #9: _____ mm

Length of Cuspids

#6 _____ mm #11: _____ mm

Surface Texture

☐ Smooth ☐ Slight
☐ Moderate ☐ Heavy

Shade Info

Shade of Restoration: _____
Stump Shade: _____

Incisal Translucency

☐None ☐Minimal 0.5
☐Moderate 1.0 ☐Maximum 1.5

Included in Case

Impressions ☐ Upper ☐ Lower
☐ Prepped ☐ Temporaries
☐ Other _____
Models ☐ Upper ☐ Lowe
☐Prepped ☐ Other:
Bite Registration ☐With stick ☐ Regular
Facebow Transfer Jig ☐ Included
Patient Photos ☐ Included ☐ Emailed

Tooth Shape

☐ Provisionals ☐ Pre-op Model
☐ Smile Catalog Shape ☐ Other: _____

Implant Details

Manufacturer: _____
Platform: _____
Size: _____
Desired Abutment Material: _____
Access Hole: _____

Articulator Preference

☐ Stratos ☐Denar ☐ Panadent
☐Artex ☐ Sam 3 ☐ Kavo
☐ Other: _____

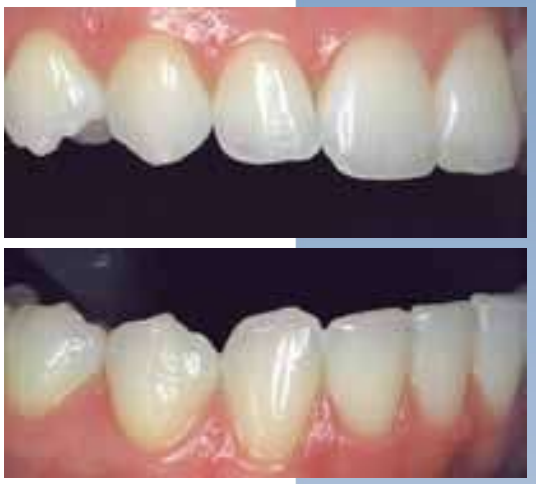
Authorization

License#: _____

Dr. Signature: _____

**Please provide any additional notes or comments for the lab on the back page* ☺

Use Photos for Shade Diagram



Address

239 North 290 West
Lindon, UT 84042
Hours: Monday–Friday
8:00 AM–5:00 PM MST
Phone: (801) 796-3878

Main Email:
info@experiencedentalstudio.com
Photos Only:
photos@experiencedentalstudio.com
Direct to Mark:
mark@experiencedentalstudio.com

Payment Terms: Net 30 days
A finance charge of **2% per** month will be applied to all past-due balances. If collection efforts become necessary, including legal action, the **Provider** agrees to pay all related **collection costs, including reasonable attorney's fees and legal expenses.**