HiCeram Dental Lab

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Doctor's Name_____
Phone_____Address_____

Patient's Name_____
Appox. Age_____ Male___ Female____

Date Prepared_____ Date Due_____
Please Do Not Schedule Patients On Due Date

❑ Finish ❑ Metal Try-In
❑ Die Trim ❑ Biscuit Try-In

RESTORATION
❑ Ceramic Metal Crown
❑ Full Metal Crown
❑ Zirconia Restoration
❑ Captek / Sinterkor
❑ Veneer
❑ Empress / E.Max
❑ Indirect Composite
❑ Temporary

DESIGN INSTRUCTION
❑ Lingual Collar-Porc. occ (Regular)
❑ Lingual Distal Knob-Porc. occ
❑ Full Porc. Coverage-No Visible Metal
❑ Metal Occlusal 3/4-Posterior Tooth
❑ Metal Lingual-Anterior Tooth

CERAMIC METAL
❑ Precious
❑ Semi-precious
❑ Non-precious
❑ Yellow Ceramic-High Gold

LABIAL/BUCCAL MARGIN
❑ Metal Margin
❑ Hairline or _____MM
❑ Porcelain-Metal (Regular)
❑ Porcelain Butt-Shoulder Prep

OCCLUSION
❑ Out ❑ Light ❑ Contact

STAINING
❑ None ❑ Light ❑ Heavy

FULL METAL
❑ Precious-High Gold-Yellow
❑ Precious-Yellow
❑ Precious-White
❑ Non-Precious-White

PONTICS

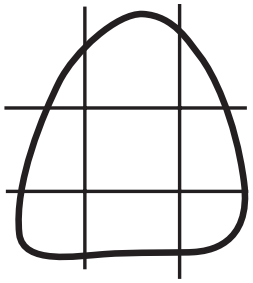
❑ ❑ ❑ ❑

❑ No Ridge Relief

SHADE
❑ Vita
❑ Bioform
❑ Chromascop
❑ Other

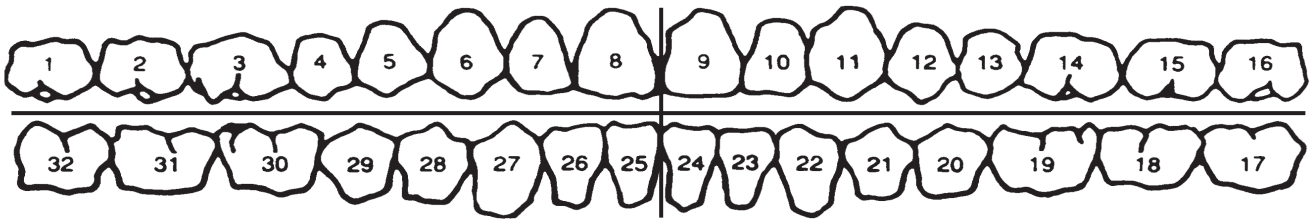
Shade_____

Study Model Enclosed
Yes____ No____



TOOTH #	INSTRUCTIONS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	❑ Please Call me, *Thanks.*

Signature _____ License No. _____



MODEL _____ TRIM _____ WAX _____ METAL _____ OPAQUE _____ PORC. _____ POLISH _____