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**Please send more:**  Rx Pads  Mailing Boxes  Shipping Labels

**PLEASE DISINFECT ALL ITEMS SENT WITH THIS CASE**  
**\*\* KEEP PRESCRIPTION SEPARATE \*\***

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Today's Date \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female  Classification of Occlusion: Class I  Class II  Class III

Restoration Type	Restoration Material	Restoration Design
<input type="checkbox"/> Full Cast	<input type="checkbox"/> HN, yellow	<input type="checkbox"/> Porc. Occlusal
<input type="checkbox"/> Layered Ceramics	<input type="checkbox"/> HN, white	<input type="checkbox"/> Metal Occlusal
<input type="checkbox"/> Monolithic Ceramics	<input type="checkbox"/> Tilitite®	<input type="checkbox"/> Porc. Margin 180° Facial
<input type="checkbox"/> Implant Custom Abutment	<input type="checkbox"/> LiSi® *	<input type="checkbox"/> Porc. Margin 360°
<input type="checkbox"/> Implant Crn/Bridge (screw retained)	<input type="checkbox"/> e.Max® *	<input type="checkbox"/> Metal Collar 180° Lingual
<input type="checkbox"/> Provisional(s)	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Metal Collar 360°
<input type="checkbox"/> Treat.Plan Waxup	<input type="checkbox"/> Wax	<input type="checkbox"/> Metal centric stop
<input type="checkbox"/> Bonded Bridge-Zw	<input type="checkbox"/> Milled PMMA	<input type="checkbox"/> Design for RPD
<input type="checkbox"/> Other - see notes	<input type="checkbox"/> Milled Pekkton	<input type="checkbox"/> Wax under RPD
		<input type="checkbox"/> Splint multiple units
		<input type="checkbox"/> Rest seat

\* **Note:** LiSi® and e.Max® are Lithium Disilicate materials

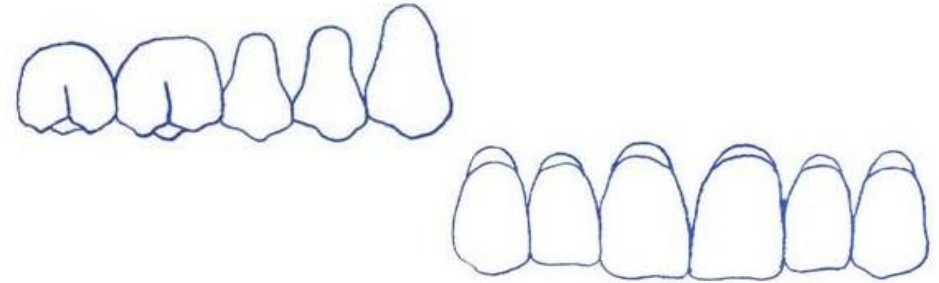
Follow Patient Approved Provisionals  Create Ideal Arrangement  Dr.'s Waxup

**Tooth Number(s) to be restored:** \_\_\_\_\_

**Occlusal Design:**  Smooth Morphology  Functional Morphology  Match existing

**Base Shade** \_\_\_\_\_ **Stump Shade** \_\_\_\_\_ (for Zirc/Lithium Dis. cases)

- Sending patient to laboratory for custom shade selection. Contact# \_\_\_\_\_
- Emailed Photos to: customshades@oralprostheticsbydesign.com
- Posteriors, staining central grooves/pits/fissures



- Treatment Plan Waxup:**
- Please include lab fabricated silicone preparation matrix

**Purpose of Future Treatment:**

- Close Diastema(s)
- Change Shape
- Lengthen Teeth
- Change Shade
- Move Midline
- Masculine Smile
- Softer Smile
- Change Gingival Margins
- Replace Existing Restorations
- Create Ideal Arrangement

**Please Call Doctor**

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ License # \_\_\_\_\_

*White - lab copy      Yellow - dental office copy*

**Delivery Date Requested to your office, by 5pm:** \_\_\_\_\_  Pre-scheduled with us

by telephone  via email to schedulecases@oralprostheticsbydesign.com

**Laboratory use only:**

Alloy Used: \_\_\_\_\_ Weight \_\_\_\_ dwts \* Alloy Used: \_\_\_\_\_ Weight \_\_\_\_ dwts

Case Received: \_\_\_\_\_ Unpackaged by: \_\_\_\_\_