



www.edmondsdentalprosthetics.com

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**SPECIAL INSTRUCTIONS**

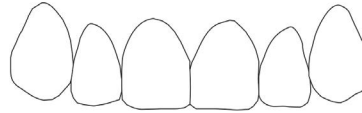
Please Call Please Text Phone: \_\_\_\_\_

Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DOCTOR INFORMATION**

Date: \_\_\_\_\_  
Dr. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
Male Female

**CERAMIC SHADE INSTRUCTIONS**



**SHADE GUIDE USED**

Vita Classic Chromoscope  
Vita 3-D Other: \_\_\_\_\_

Final Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_

Non Vital Shade: \_\_\_\_\_

Photos sent to photos@edplabs.com? Yes No

Date sent: \_\_\_\_\_

**SURFACE TEXTURE** -STANDARD UNLESS OTHERWISE SPECIFIED

Smooth Moderate\* Heavy

**OCCUSAL STAINING** -STANDARD UNLESS OTHERWISE SPECIFIED

None Light\* Medium Heavy

**PONTIC DESIGN** -STANDARD UNLESS OTHERWISE SPECIFIED

High Water  Hygenic  Modified Ridge Lap\*   
Full Ridge Lap  Ovate

**RIDGE RELIEF** -STANDARD UNLESS OTHERWISE SPECIFIED

None Slight\* Medium Heavy

**FACIAL MARGIN DESIGN** -STANDARD UNLESS OTHERWISE SPECIFIED

Metal-porcelain junction margin\*  
Metal hairline or \_\_\_\_\_ mm on buccal  
Porcelain butt margin (90° shoulder required)

**METAL DESIGN** -STANDARD UNLESS OTHERWISE SPECIFIED

- Coping with full porcelain coverage\*
- Metal lingual collar with porcelain coverage
- Metal occlusal excluding buccal cusp
- Metal occlusal including buccal cusp

**ENCLOSED WITH CASE**

Impression Master Model Bite Relation  
Study Model Diag. Wax-up Photos  
Denture Attachment Articulator  
Facebow Opposing Model Old Crown  
Partial Shade Tab Implant Components  
Has this case been disinfected? Yes No  
Digital Scan:  
Date Sent: \_\_\_\_\_ Time Sent: \_\_\_\_\_  
System: \_\_\_\_\_

**CROWN & BRIDGE / CERAMICS**

**PORCELAIN TO METAL**

**ALLOY**

High Noble Yellow  
High Noble White  
Noble White  
Base Metal

**ALL CERAMIC**

CerEnamel Veneer  
IPS e.max

**ZIRCONIA**

E-Zr™ Total (Posterior)  
E-Zr™ Natural (Anterior)

**FULL CAST**

High Noble Gold  
Noble Gold  
Base Metal  
Post & Core

**CUSTOM TEMPORARY**

**Temporary Crown**

Tooth #: \_\_\_\_\_

Shade: \_\_\_\_\_

**Temporary Bridge**

Tooth #: \_\_\_\_\_

Shade: \_\_\_\_\_

**GOAL OF FINAL CASE**

Close Diastemas Restore Worn Teeth  
Change Shape Normal Guidance  
Move Midline Widen Smile  
Restore to CR Feminize Smile  
Straighten Teeth Rejuvenate Smile  
Lengthen Teeth Restore Morphology  
Level Occlusal Plane Replace Missing Teeth

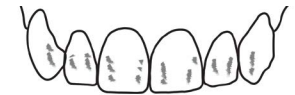
Other: \_\_\_\_\_

Teeth to be restored: \_\_\_\_\_

Teeth to be replaced: \_\_\_\_\_

**TOOTH SHAPE**

Maintain Existing  
Match Photos



#6 \_\_\_ #7 \_\_\_ #8 \_\_\_ #9 \_\_\_ #10 \_\_\_ #11 \_\_\_

Overjet: \_\_\_\_\_ mm Overbite: \_\_\_\_\_ mm

**IF NOT ENOUGH OCCUSAL CLEARANCE**

Metal Occlusion Metal Island  
Reduce Opposing Reduce Prep  
Reduction Coping

**ADD THIS TO YOUR DR. PREFERENCES?**

Yes No

**SIGN & COMPLETE PRESCRIPTION**

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5% per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms. *Each prescription must be completed and signed.*

X \_\_\_\_\_  
Doctor Signature License Number

