

# BUDDY DENTAL ARTS, INC.

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Doctor's Name

Patient's Name

Male  Female Age: \_\_\_\_\_

Please fill out this form completely,  
Thank you!

1st try-in  2nd try-in  Finish

Due Date Due Date Due Date

Will opposing teeth be restored in the near future?  Yes  No

<input type="checkbox"/> Basic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/> Special	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/> Ideal																

PFM  
 Single  Splint

*Instructions / Note:*

Porcelain Veneer  
 Masking  No Masking

All Ceramic  
 Zirconia  Pressable  
 Basic Porcelain

Implant  
 Nobel Biocare  3i  ITI  
 Other \_\_\_\_\_  
 Screw Retain  
 Cement Retain  
 Custom Abutment  
 Lingual Set Screw  
 Implant Bar

Full Gold  
 Crown  Inlay/Onlay  
 Bridge  Post & Core

ENCLOSURES:  Impression  Opposing Model  Bite Registration  
 Photo  Photo Via Email  Components  Articulator  
 Study Models *All anterior cases must include a study model.*  
 Diagnostic Wax-Up  Other \_\_\_\_\_

Model Metal Porc. Q.C.

## Buccal Margin

- Metal Margin ( mm)
- DMM/Zero Margin
- 180° Porcelain Margin
- Other

## Lingual Margin

- Metal Margin ( mm)
- DMM/Zero Margin
- 180° Porcelain Margin
- Other

## Occlusion

- Porcelain
- Metal

If not enough space:

- Adjust Opposing Teeth ( mm)
- Make Reduction Coping
- Call me

## Precious Metal

- High Nobel White
- High Nobel Yellow

## Basic Shade

- Vita  Vita3D
- Ivoclar  Other

\_\_\_\_\_

Staining:

- None
- Light
- Medium
- Dark


Hypocalcification  Tetracycline  Custom

Signature \_\_\_\_\_ Lic.# \_\_\_\_\_ Date \_\_\_\_\_

<b>For Lab Use Only</b>		<input type="checkbox"/> Shipping	<input type="checkbox"/> V	<input type="checkbox"/> E	<input type="checkbox"/> 3
Received Date	Finish Date	Metal	dwt		
		Signature			