

AURIDENTAL



Tel: 201-430-3899

DENTAL . LAB

Fax: 201-869-0954

6127 Park Ave, West New York, Nj07093

michael@auridental.com

Patient Name: _____

Address: _____

Patient Appt. Date & Time: _____

Phone: _____ **No.**

Doctor Name _____

Dr's Signature: _____

AURIDENTAL



Tel: 201-430-3899

DENTAL . LAB

Fax: 201-869-0954

6127 Park Ave, West New York, Nj07093

michael@auridental.com

Patient Name: _____

Doctor Signature: _____

License #: _____ **No.**

- Porcelain Fused to:**
- Non- Precious
 - Semi-Precious
 - White-Precious 40%
 - White-Precious 52%
 - Yellow-Precious
 - Captek
- All Ceramic Restoration:**
- IPS e.max
 - IPS Empress
 - Cercon Zirconia
 - Full contour Zirconia
- Full Cast Restorations:**
- Non-Precious
 - Semi-precious
 - 40% Gold (white)
 - 60% Gold (yellow)
 - 75% Gold (yellow)
- Metal Free Composite:**
- Adoro
- Implants:**
- Screw Retained
 - Cementable
- Type _____
- Diameter: _____
- Miscellaneous:**
- Temp Crown
 - Metal Occlusion
 - Porcelain Butt Margin
 - Rest
 - Diagnostic Wax up
 - Shade blend
 - Locator
 - Attachment (ERA)
 - Key & Key way
 - Locator
 - Telescope
 - Implant Bar
 - Cast implant
 - Abut(UCLA)

Tooth Number:

Abutment _____ Maryland Wing _____

Crown _____ Pontic _____

Inlay _____ Onlay _____

Veneer _____ Post _____

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Basic Shade:

Custom Shade Design:

Shade Guide used: _____

Margin Design:

- No metal Collar
- 180 Metal Collar
- 360 Metal Collar

Anterior Design:

Posterior Design:

Pontic Design:

Occlusal Clearance:

- Light
- Tight
- Open

Contacts:

- Light
- Normal
- Heavy

Occlusal Stain:

- None
- Light
- Medium
- Heavy

Fit (Die Spacer Coats): x1 x2 x3

If Insufficient Room: (Must Select)

- Reduce Opposing
- Place metal Island/Occ
- Reduction Coping

- Removable Prosthetics**
- UPPER
 - LOWER
- Tissue Shade:**
- Clear
 - Light pink
 - Regular pink
 - Dark pink
 - Lucitone 199 (extra Charge)
 - Ethnic (Meharry)
 - Mild
 - Moderate
 - Heavy
- Tooth Shade:**
-
- Partial Denture:**
- Type of Materials:**
- Valpast
 - Cr Co
 - Vitallium
- Frame Work only
 - Set teeth try-in
 - Finish
 - Complete without try-in
- Type of tooth:**
- Economic (yamahachi)
 - Ivostat (extra charge)
 - Ivoclar (extra charge)
- Full Denture:**
- Wax Try-in
 - Finish
 - Complete (Without Try-in)
 - Acrylic (Immediate) Denture
- Removable Extras:**
- Bite Rims
 - Custom Trys
 - Flipper
 - Repair
 - Reline
 - Rebase
 - Add valpast Clasp
 - Add clear Clasp
 - Add cast Clasp
 - Add Ball Clasp
 - Hard Mouth Guard
 - Soft Mouth Guard
 - Hard/Soft Mouth Guard
 - Bleaching Tray
 - Surgical Stent
 - ID In Denture

