AC Dental Esthetic Institute

1421 Main Street, Rahway, NJ 07065
Tel: 732.381.2233 • Fax: 732.381.5770

Your Partner For A Beautiful Smile

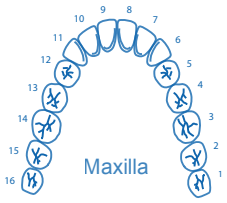
Dr. _____

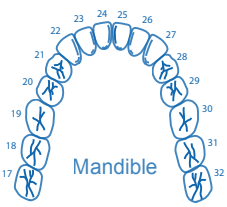
Phone # _____ Date: _____

Patient: _____ / _____
LAST FIRST

☐ Try In ☐ Bisque ☐ Finish Date: _____ Age: _____ Sex: _____

Rx Specific Intructions





Signature: _____

License #: _____

ALL-CERAMIC CAD/CAM

Procera: ☐ Zirconia ☐ Alumina
☐ Cercon ☐ Lava ☐ Laminate

INLAY/ONLY

☐ Porcelain ☐ Composite

PORCELAIN FUSED TO METAL

☐ Fused to Semi-Precious
☐ Fused to Non-Precious
☐ Fused to White High Noble
☐ Fused to Yellow High Noble
☐ Fused to Captek

OCCLUSAL STAINING

☐ None ☐ Light ☐ Medium ☐ Dark

METAL DESIGN

☐ No Mtl. Collar
☐ 360° Mtl. Collar
☐ 3/4 Metal Lingual
☐ Metal Lingual Collar
☐ Mtl. Occl. Excl. Buccal Cusp
☐ Mtl. Occl. Incl. Buccal Cusp.

Lingual Button: ☐ Yes ☐ No

IMPLANTS

☐ Porcelain used to Semi-Precious
☐ Porcelain fused to White High Noble
☐ Porcelain fused to Yellow High Noble
☐ Porcelain fused to Captek
☐ Procera All-Ceramic
☐ Procera Custom Abutment:
☐ Titanium ☐ Ceramic

BUCCAL COLLAR DESIGN

☐ Hairline or _____ mm on Buccal

COSMETIC TEMPS

☐ Shade
☐ Abutment #'s _____
☐ Pontic Tooth #'s _____
☐ Splinted ☐ Single Units

REINFORCEMENT

☐ Cast Metal Innerstructure
☐ Wire ☐ Fiber ☐ None

PONTIC DESIGN

☐ Full Ridge
☐ Modified Ridge
☐ No Contact
☐ Point Contact

FULL CAST INLAY/ONLAY

☐ High Noble White
☐ High Noble Yellow
☐ Other _____
Please Specify

REMOVABLES

☐ Cast Chrome Frame
☐ Set-up/Teeth on Partial Frame
☐ Partial Complete Framework Process and Finish
☐ Mould _____
☐ Shade _____
☐ Custom Impression Tray
☐ Lucitone
☐ Reline

CLASP DESIGN

☐ Lab Design ☐ Roach
☐ Akers ☐ Hidden
☐ RPI ☐ Other _____

MAJOR CONNECTIONS

☐ Lab Design ☐ Palatal Bar
☐ Lingual Bar ☐ Double Palatal Bar
☐ Lingual Plate ☐ Full Palate
☐ Horeshoe ☐ Other _____

DENTURE

☐ Bite Block ☐ Custom Tray ☐ Set Up

TISSUE SHADE

☐ Pink ☐ Ethnic ☐ Clear ☐ Other _____

FINISH

☐ Regular ☐ Lucitone

FLEXIBLE PARTIALS

☐ TCS

ACRYLIC PARTIALS

☐ 1 - 3 Teeth ☐ 4 - 6 Teeth ☐ 7 - 14 Teeth
_____ # _____ # _____

RELINES & REPAIRS

☐ Reline ☐ Acrylic Repair # _____
☐ Reline (Soft) ☐ Metal Repair

IMMEDIATES

☐ Extracting all teeth ☐ Extracting # _____

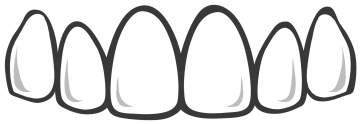
NIGHT GUARDS

☐ Soft Night Guard ☐ Bleaching Tray
☐ Hard Night Guard ☐ Snore Appliance
☐ Super Night Guard (Soft & Hard for Extra Comfort)

SHADE INSTRUCTIONS

Please indicate the distribution of hues and the types of characterizations desired:

Shade: _____



IF NO OCCLUSAL CLEARANCE

☐ Bite Stop ☐ Reduction Coping
☐ Metal Occlusion ☐ Reduce Opposing

DIE TRIM

☐ Dr. to Trim Die ☐ Laboratory to Trim Die

For Internal Use Only

In Initials: | Materials supplied with the case: | Signature of approval for manufacture: | Signature of approval for release:

Out Initials: | Details of model approval by doctor: Initials:

PLEASE SEND THE FOLLOWING
☐ Bags ☐ Rx Forms ☐ Other _____

SPECIAL ENCLOSURES
☐ Models ☐ Bite ☐ Analog ☐ Implant Parts ☐ Impression
☐ Shade Tab ☐ Other _____ ☐ Photo (s)

M&D		C&B		PORC.			DENT.				
MOD.	ARTIC.	WX.	FNSH.	OPQ.	B-1	B-2	BTE.	ART.	WX.	STUP.	FNSH.