



1240 Central Blvd. Suite A1
Brentwood, CA 94513

925.684.7350

info@diablodentalarts.com

DOCTOR NAME : _____

ADDRESS : _____

PHONE : _____

DOCTOR SIGNATURE _____

S M T W T F S

DUE DATE (By 5PM)

S M T W T F S

RX DATE

PATIENT NAME

SEX M F

AGE _____

LICENSE # _____

TEETH TO BE WORKED ON

HISTORY

- Food Trap
- Discoloration
- PFM Replacement
- Malocclusion
- Crossbite
- Endo

GOAL

- Close Space
- Correct Crossbite
- Cuspid Rise
- Protection (Group Function)
- Shade

STUMP _____

SHADE

PLEASE EMAIL PHOTOS TO:
photos@diablodentalarts.com

OCCLUSION

In Out Other _____

STAINING NONE

PLACEMENT	AMOUNT	COLOR
<input type="checkbox"/> Gingival	<input type="checkbox"/> Light	<input type="checkbox"/> Yellow
<input type="checkbox"/> Fossae	<input type="checkbox"/> Medium	<input type="checkbox"/> Orange
<input type="checkbox"/> Primary Grooves	<input type="checkbox"/> Dark	<input type="checkbox"/> Ochre
<input type="checkbox"/> Secondary Grooves		<input type="checkbox"/> Lt. Brown
<input type="checkbox"/> Wear Facets		<input type="checkbox"/> Brown
		<input type="checkbox"/> Black

CROWN AND BRIDGE

ALL CERAMIC

- Empress
- E.max Press
- Full Contour Zirconia
- Layered Zirconia

PFM

- Semi-Precious
- White High Noble
- Yellow High Noble

COMPOSITE

- Sinfony



MARGIN TYPE

- Porcelain Butt Facial 360°
- Show No Metal Facial 360°
- Metal Margin Lingual 360°

METAL OCCLUSION DESIGN

Anterior Posterior

- Partial Metal Occlusion
- Full Metal Occlusion

PONTIC DESIGN

FULL CAST

- 40% AU White Semi
- 60% AU White Precious
- 77% AU

Open Bite _____*mm Length of Centrals _____ mm

Rx SPECIFIC INSTRUCTIONS :

LAB USE	MODEL	WAX	METAL	OPAQUE	LEVEL 1	LEVEL 2	GLAZE	POLISH
---------	-------	-----	-------	--------	---------	---------	-------	--------