California Smile CAD

A Full Service Dental Laboratory

Practice Name _____ Last _____ First _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

Rx Date _____ Due Date/Delivery on _____

(standard working time if no date given)

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

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

PFM

- ☐ White HN
- ☐ Semi-precious
- ☐ Yellow HN (for PFM) **Full**

Gold Crown

- ☐ Full cast Yellow HN gold
- ☐ Full cast White HN

Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant

Removable

- ☐ Full Denture
- ☐ Metal Partial Denture
- ☐ Flexible Partial Denture
- ☐ Night Guard

Implant crown type

- ☐ Cementable
- ☐ Screwmentable
- ☐ Screw Retained

Zirconia / All Ceramic

- ☐ Zirconia Solid (not recommended for anterior)
- ☐ Zirconia Layered
- ☐ High Translucent (max 3 unit bridge)
- ☐ Super Translucent
- ☐ Solid lingual with porcelain facial
- ☐ IPS e.max® Press (max 3 unit bridge

Other

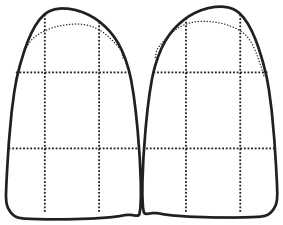
- ☐ Diagnostic wax-up
- ☐ Composite resin crown
- ☐ Temporary
- ☐ Post & core
- ☐ Rest seats

Digital Cases

- ☐ With Model
- ☐ Model-less

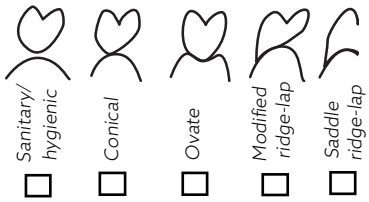
CROWN DESIGN

Characterizations



(REQUIRED)

Pontic Design



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(vita is default)

Tooth Shade _____ Shade Guide Used _____

Stump Shade _____ Pink Tissue Shade _____

(REQUIRED FOR E.MAX)

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case

Email photos to: case@cscdentallab.com

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by CSC Lab in the event the account is sent to collections or litigation.

_____

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Dentist signature _____

(REQUIRED)Dentist

Dentist license no. _____

(REQUIRED)

Standard design if an option is not selected

3535 Ross Ave #306 | San Jose, California 95124| **(669) 275-2134** | www.cscdentallab.com |