

## Cosmetic Rx

\*Standard design if nothing is marked.

### 1. Type of Restoration

#### All-Porcelain

(fill out boxes #1-10)

Margin  
Requirement

- ☐ a. Feldspathic (Anterior Veneer) .....Chamfer
- ☐ b. IPS e.Max-Press - Stained (Crown, Veneer, Inlay, Onlay) ...Shoulder
- ☐ c. IPS e.Max-Press - Layered (Ant. Crown and Veneer) ...Shoulder
- ☐ d. ZirCeram - Layered Zirconia (Crown or Bridge).....Chamfer
- ☐ e. Lava - Layered Zirconia (Crown or Bridge).....Chamfer
- ☐ f. AllZir-Ultra/ML - Super Translucent Full Zir. (Cr or Br)Chamfer  
(Anterior or Posterior Recommended)
- ☐ g. BruxAll - Monolithic Full Zir. (Crown or Bridge) .....Chamfer  
(Posterior Recommended)

#### Composite (Crown, Bridge, Inlay, Onlay)

(fill out boxes #1-10)

- ☐ h. Sinfony.....Shoulder
- ☐ i. Sinfony with fiber.....Shoulder
- ☐ j. Cristobal .....Shoulder

#### Other

- ☐ k. Temporaries (Fill out box #11)
- ☐ l. Diagnostic Wax-up (Fill out box #12)

### 2. Crown Design

- ☐ a. Full Porcelain Coverage\* ☐ e. Zi Occlusal (3/4 Occ)
- ☐ b. Facial Layering ☐ f. Zi Occlusal (Full Occ)
- ☐ c. Zi Lingual Collar ☐ g. Zi Island
- ☐ d. Zi Lingual-Anterior Tooth ☐ h. Other \_\_\_\_\_

### 3. Occlusal Contact

- ☐ a. Out (0.5 mm sub) ☐ a. Light
- ☐ b. Light\* (0.3 mm sub) ☐ b. Medium\*
- ☐ c. Heavy (contact opp) ☐ c. Heavy (Scrape Cast)

### 5. Occlusal Stain

- ☐ a. None\* ☐ a. Smooth Glaze\*
- ☐ b. Light ☐ b. Copy Natural Teeth
- ☐ c. Heavy

### 7. Pontic Design



- ☐ a. ☐ b. ☐ c.\* ☐ d. ☐ e.
- ☐ No Ridge Relief

### 8. Gingival Embrasures

- ☐ a. Natural\*
- ☐ b. Open
- ☐ c. Closed

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## GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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Account # \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Group Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Patient Last Name \_\_\_\_\_

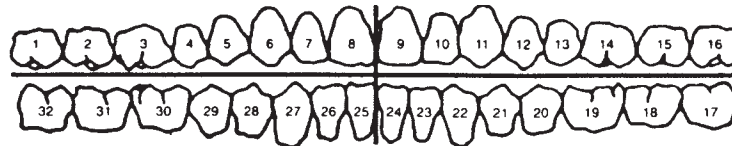
Patient First Name \_\_\_\_\_

Shipping Date \_\_\_\_\_ ☐ Male ☐ Female

**DATE DUE-Deliver case by 5PM on \_\_\_\_\_**  
(Standard working time will be given if no due date is indicated.)

☐ Finish ☐ Die Trim ☐ Bisque Try-In

☐ **A**dvanced **C**osmetic **T**eam  
(See Fee Schedule)



☐ Singles \_\_\_\_\_

☐ Bridge \_\_\_\_\_ (Pontic # \_\_\_\_\_)

**\$50 off your first case - Receive Your 1st AllZir™ Case for Only \$65/Unit!**

Regular Price: \$115. Valid up to 3 units with a maximum savings of \$150. Available to new doctors only. Limit one per doctor. Cannot be combined with other offers. No cash value.

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_

Items Enclosed ☐ Implant ☐ Model ☐ Bite ☐ Opposing

☐ Shade ☐ Pre-op Model ☐ Photo ☐ Model of Temps

White - Lab Copy Yellow - Doctor's Copy

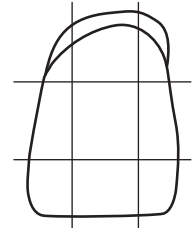
### 9. If Not Enough Occlusal Clearance

- ☐ a. Adjust Opposing Tooth\* ☐ b. Call

### 10. Shade

#### Desired Shade \_\_\_\_\_

PLEASE PROVIDE STUDY MODEL  
ON ALL CASES INVOLVING  
ANTERIOR TEETH



#### Type of Shade Guide

- ☐ Vita 3D Guide ☐ Chromoscope
- ☐ Vita Classical ☐ Bioform
- ☐ Other \_\_\_\_\_

Smile Guide # \_\_\_\_\_

**photo@gkydentalarts.com**

#### Stump / Prepped Tooth Shade\* \_\_\_\_\_

**IMPORTANT!**  
MUST INDICATE SHADE FOR  
METAL-FREE RESTORATIONS

#### For Lab Use

Model \_\_\_\_\_

Trim \_\_\_\_\_

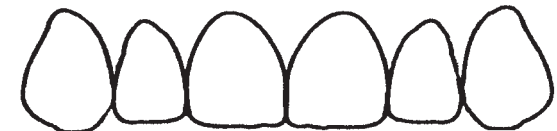
Wax \_\_\_\_\_

Porc \_\_\_\_\_

Pol \_\_\_\_\_

Porc \_\_\_\_\_

Q.C. \_\_\_\_\_



### 11. Instructions for Temporaries

- a. Reduction Needed ☐ Light\* ☐ Heavy
- b. ☐ Splinted or ☐ Single Units
- c. Pontic Tooth Number \_\_\_\_\_

### 12. Diagnostic Wax-up

☐ Crown - Tooth # \_\_\_\_\_ ☐ Veneer - Tooth # \_\_\_\_\_

Open Vertical: ☐ Yes ☐ No \_\_\_\_\_ mm

Shift Midline: ☐ Yes ☐ No \_\_\_\_\_ mm (Right or Left)

#### Model Duplication

Master Model: ☐ Yes\* ☐ No

Prep Model: ☐ Yes\* ☐ No

Final Wax up: ☐ Yes\* ☐ No

#### Shape & Contour

☐ a. Match Existing

☐ b. Make Ideal

☐ c. Smile Guide # \_\_\_\_\_

Reduction Stent: ☐ Incisal ☐ Labial

Provisional Matrix: ☐ Vacuum ☐ Putty/Wash

☐ Type of Future Restoration \_\_\_\_\_

### Additional Services: Crown & Bridge/Removable/Implanning

Please Send More ☐ Shipping Labels ☐ Boxes

☐ Cosmetic Rx ☐ Removable Rx

☐ Crown & Bridge Rx ☐ Implanning Rx

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