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*
- ❑ b. Facial Layering
- ❑ c. Zi Lingual Collar
- ❑ d. Zi Lingual-Anterior Tooth
- ❑ e. Zi Occlusal (3/4 Occ)
- ❑ f. Zi Occlusal (Full Occ)
- ❑ g. Zi Island
- ❑ h. Other _____

3. Occlusal Contact

- ❑ a. Out (0.5 mm sub)
- ❑ b. Light* (0.3 mm sub)
- ❑ c. Heavy (contact opp)

4. Interproximal Contacts

- ❑ a. Light
- ❑ b. Medium*
- ❑ c. Heavy (Scrape Cast)

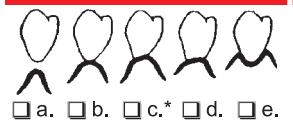
5. Occlusal Stain

- ❑ a. None*
- ❑ b. Light
- ❑ c. Heavy

6. Surface Texture

- ❑ a. Smooth Glaze*
- ❑ b. Copy Natural Teeth

7. Pontic Design



❑ a. ❑ b. ❑ c.* ❑ d. ❑ e.
❑ No Ridge Relief

8. Gingival Embrasures

- ❑ a. Natural*
- ❑ b. Open
- ❑ c. Closed

Terms and Conditions: GKY Dental Arts, Inc. requires each case to be accompanied by a signed labslip which is a binding work order agreement and acceptance of our Terms and Conditions. Terms and Conditions are posted on our website. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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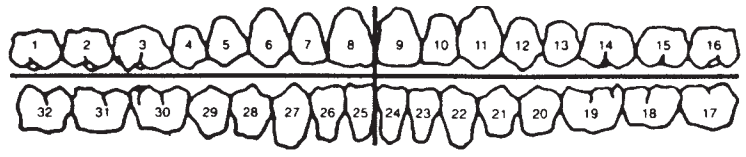
Torrance, CA 90504 (310) 214-8007
www.gkydentalarts.com (310) 214-9137 Fax

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**

❑ **Advanced Cosmetic Team**
(See Fee Schedule)



❑ Singles _____

❑ Bridge _____ (Pontic # _____)

Receive Your 1st ZirCeram® Case for Only $88/Unit!
Regular Price: $138. 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

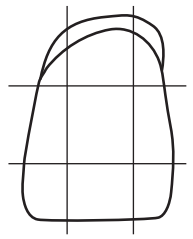
White - Lab Copy Yellow - Doctor's Copy

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

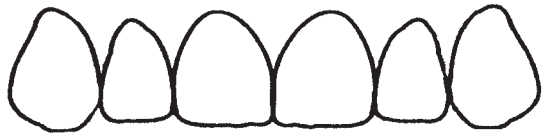
❑ Vita 3D Guide ❑ Chromoscope
❑ Vita Classical ❑ Bioform
❑ Other _____
Smile Guide # _____

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

Revised 07.02.2020 CBGKY-04