

# Cosmetic Rx

\*Standard design if nothing is marked.

## 1. Type of Restoration

### All-Porcelain

(fill out boxes #1-10)

- |  |                                    |                           |
|--|------------------------------------|---------------------------|
| <input type="checkbox"/> a. Feldspathic (Anterior Veneer) .....  | Chamfer                            | <b>Margin Requirement</b> |
| <input type="checkbox"/> b. IPS e.Max-Press - Stained (Crown, Veneer, Inlay, Onlay) ...  | Shoulder                           |                           |
| <input type="checkbox"/> c. IPS e.Max-Press - Layered (Ant. Crown and Veneer) ...  | Shoulder                           |                           |
| <input type="checkbox"/> d. ZirCeram - Layered Zirconia (Crown or Bridge).....   | Chamfer                            |                           |
| <input type="checkbox"/> e. Lava - Layered Zirconia (Crown or Bridge).....   | Chamfer                            |                           |
| <input type="checkbox"/> f. AllZir-Ultra/ML - Super Translucent Full Zir. (Cr or Br)Chamfer<br>(Anterior or Posterior Recommended) |                                    |                           |
| <input type="checkbox"/> g. BruxAll - Monolithic Full Zir. (Crown or Bridge) .....   | Chamfer<br>(Posterior Recommended) |                           |

### Composite (Crown, Bridge, Inlay, Onlay) (fill out boxes #1-10)

- |  |          |
|--|----------|
| <input type="checkbox"/> h. Sinfony.....             | Shoulder |
| <input type="checkbox"/> i. Sinfony with fiber ..... | Shoulder |
| <input type="checkbox"/> j. Cristobal.....           | Shoulder |

### Other

- |  |
|--|
| <input type="checkbox"/> k. Temporaries (Fill out box #11)       |
| <input type="checkbox"/> l. Diagnostic Wax-up (Fill out box #12) |

## 2. Crown Design

- |   |  |
|---|--|
| <input type="checkbox"/> a. Full Porcelain Coverage*  | <input type="checkbox"/> e. Zi Occlusal (3/4 Occ)  |
| <input type="checkbox"/> b. Facial Layering           | <input type="checkbox"/> f. Zi Occlusal (Full Occ) |
| <input type="checkbox"/> c. Zi Lingual Collar         | <input type="checkbox"/> g. Zi Island              |
| <input type="checkbox"/> d. Zi Lingual-Anterior Tooth | <input type="checkbox"/> h. Other _____            |

## 3. Occlusal Contact

- |   |   |
|---|---|
| <input type="checkbox"/> a. Out (0.5 mm sub)    | <input type="checkbox"/> a. Light               |
| <input type="checkbox"/> b. Light* (0.3 mm sub) | <input type="checkbox"/> b. Medium*             |
| <input type="checkbox"/> c. Heavy (contact opp) | <input type="checkbox"/> c. Heavy (Scrape Cast) |

## 5. Occlusal Stain

- |                                   |
|-----------------------------------|
| <input type="checkbox"/> a. None* |
| <input type="checkbox"/> b. Light |
| <input type="checkbox"/> c. Heavy |

## 6. Surface Texture

- |  |
|--|
| <input type="checkbox"/> a. Smooth Glaze*      |
| <input type="checkbox"/> b. Copy Natural Teeth |

## 7. Pontic Design



- |  |                             |                              |                             |                             |
|--|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> a.              | <input type="checkbox"/> b. | <input type="checkbox"/> c.* | <input type="checkbox"/> d. | <input type="checkbox"/> e. |
| <input type="checkbox"/> No Ridge Relief |                             |                              |                             |                             |

## 8. Gingival Embrasures

- |                                      |
|--------------------------------------|
| <input type="checkbox"/> a. Natural* |
| <input type="checkbox"/> b. Open     |
| <input type="checkbox"/> 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)

4212 Artesia Blvd. (800) 548-3384  
 Torrance, CA 90504 (310) 214-8007  
 www.gkydentalarts.com (310) 214-9137 Fax  
 info@gkydentalarts.com

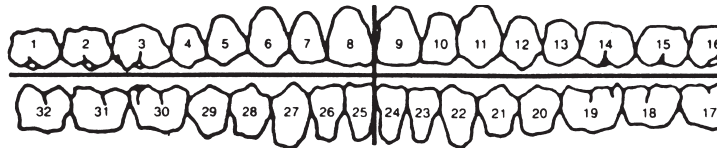
Account # \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Group Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

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.)

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Finish | <input type="checkbox"/> Die Trim | <input type="checkbox"/> Bisque Try-In |
|---------------------------------|-----------------------------------|--|

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



- |  |
|--|
| <input type="checkbox"/> Singles _____                 |
| <input type="checkbox"/> Bridge _____ (Pontic # _____) |

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

- Items Enclosed  Implant  Model  Bite  Opposing  
 Shade  Pre-op Model  Photo  Model of Temps

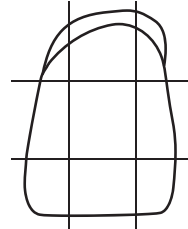
## 9. If Not Enough Occlusal Clearance

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> a. Adjust Opposing Tooth* | <input type="checkbox"/> b. Call |
|--|----------------------------------|

## 10. Shade

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

PLEASE PROVIDE STUDY MODEL  
 ON ALL CASES INVOLVING  
 ANTERIOR TEETH



### Type of Shade Guide

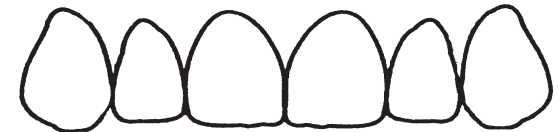
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Vita 3D Guide  | <input type="checkbox"/> Chromoscope |
| <input type="checkbox"/> Vita Classical | <input type="checkbox"/> Bioform     |
| <input type="checkbox"/> Other _____    |                                      |
| Smile Guide # _____                     |                                      |
| photo@gkydentalarts.com                 |                                      |

### For Lab Use

- Model  
 Trim  
 Wax  
 Porc  
 Pol  
 Porc  
 Q.C.

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

IMPORTANT!  
 MUST INDICATE SHADE FOR  
 METAL-FREE RESTORATIONS



## 11. Instructions for Temporaries

- |  |
|--|
| a. Reduction Needed <input type="checkbox"/> Light* <input type="checkbox"/> Heavy |
| b. <input type="checkbox"/> Splinted or <input type="checkbox"/> Single Units      |
| c. Pontic Tooth Number _____   |

## 12. Diagnostic Wax-up

- |  |   |
|--|---|
| <input type="checkbox"/> Crown - Tooth # _____   | <input type="checkbox"/> Veneer - Tooth # _____ |
| Open Vertical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mm                 |   |
| Shift Midline: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mm (Right or Left) |   |
| <b>Model Duplication</b>   | <b>Shape &amp; Contour</b>                      |
| Master Model: <input type="checkbox"/> Yes* <input type="checkbox"/> No                          | <input type="checkbox"/> a. Match Existing      |
| Prep Model: <input type="checkbox"/> Yes* <input type="checkbox"/> No                            | <input type="checkbox"/> b. Make Ideal          |
| Final Wax up: <input type="checkbox"/> Yes* <input type="checkbox"/> No                          | <input type="checkbox"/> c. Smile Guide # _____ |
| <b>Reduction Stent:</b> <input type="checkbox"/> Incisal <input type="checkbox"/> Labial         |   |
| <b>Provisional Matrix:</b> <input type="checkbox"/> Vacuum <input type="checkbox"/> Putty/Wash   |   |
| <input type="checkbox"/> 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