

\*Standard PFM/FGC design if nothing is marked. (Additional fees will apply if other than standard.)

**1. Type of Guide**

- Radiographic Guide
  - Hard Acrylic
    - a. Barium Sulfate Teeth
    - b. Gutta Purcha
  - Vacuum
    - c. Guide Hole
    - d. 4 mm Ball Markers
- Surgical Guide
  - Buccal Facing
  - Guide Hole
  - Metal Guide Sleeves
- Guided Surgical Guide
  - Nobel Biocare
  - Straumann

**2. Type of Restoration/Appliance**

- a. Cement Retained\*
  - b. Cement Retained (w/ access hole)
  - c. Cement Retained (w/ cem. & hole)
  - d. Screw Retained
  - e. Bar Overdenture
  - f. Hybrid Denture
  - Single Units\*
  - Splinted Units
- PROVIDE X-RAY OF IMPRESSION COPING TO VERIFY COMPLETE SEATING

**3. Abutment Type**

- a. CAD/CAM Ti\*
- b. CAD/CAM Ti./Gold
- c. CAD/CAM Zirconia
- d. TiBase
- e. Custom Casted
- f. Custom Prep
- Anodized-Gold or Pink

**4. Abutment Manufacturer**

- a. Nobel Biocare
- b. Dentsply Impts - Atlantis
- c. Straumann
- d. Biomet 3i
- e. Zimmer
- f. TruAbutment (3rd Party)
- g. Other \_\_\_\_\_

**5. Type of Restoration**

- a. PFM\*
- b. Lava-Zirconia
- c. ZirCeram-Layered Zirconia
- d. AllZir-Ultra/ML-Full Zir.
- e. BruxAll-Full Zir.
- f. Temporary - Acrylic

**6. Type of Metal**

- |  |   |
|--|---|
| <b>Crown</b>   | <b>Casted Abutment</b>                          |
| <input type="checkbox"/> a. PFM Precious*-White            | <input type="checkbox"/> f. Precious*-Yellow    |
| <input type="checkbox"/> b. PFM Semi-Precious-White        | <input type="checkbox"/> g. Semi-Precious-White |
| <input type="checkbox"/> c. PFM Yellow Ceramic-Med. Yellow |   |
| <input type="checkbox"/> d. FGC Precious-High Yellow       |   |
| <input type="checkbox"/> e. FGC Precious-Yellow            |   |

**7. Crown Design**

- a. Lingual Collar\* \_\_\_\_mm
- b. Full Porcelain Coverage
- c. Facial Layering
- d. 360 Degree - Metal Margin \_\_\_\_mm
- e. Metal/Zi Occlusal (3/4 Occ)
- f. Metal/Zi Occlusal (Full Occ)
- g. Metal/Zi Island
- h. Metal Lingual/Zi-Anterior Tooth

**8. Occlusal Contact**

- a. Out (0.5mm sub)
- b. Light\* (0.3mm sub)
- c. Contact (Touching Opp)
- a. Light
- b. Medium\*
- c. Heavy (Scrape Cast)

**Terms and Conditions:** GKY Dental Arts, Inc. requires each case be accompanied by a signed lab slip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. 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  
 info@gkydentalarts.com

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

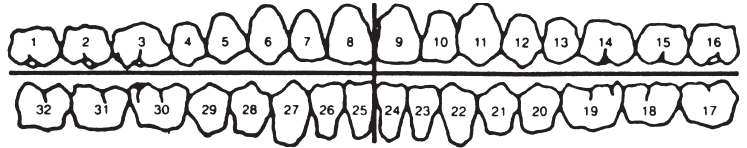
Patient Last Name | \_\_\_\_\_ |  
 Patient First Name | \_\_\_\_\_ |

Shipping Date | \_\_\_\_-\_\_\_\_-\_\_\_\_ |  Male  Female

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

- Finish
- Bisque Try-In
- Metal Try-In (Required on all Bridges & Splints)

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



- Singles \_\_\_\_\_
- Bridge \_\_\_\_\_ (Pontic # \_\_\_\_\_)

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

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

- Items Enclosed**
- |                                  |                                       |                                |   |
|----------------------------------|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Implant | <input type="checkbox"/> Model        | <input type="checkbox"/> Bite  | <input type="checkbox"/> Opposing       |
| <input type="checkbox"/> Shade   | <input type="checkbox"/> Pre-op Model | <input type="checkbox"/> Photo | <input type="checkbox"/> Model of Temps |

**10. Tissue Displacement**

- a. Minimal  b. Moderate\*  c. Anatomical

**11. Margin Placement**

- |  |  |   |
|--|--|---|
| <b>Buccal</b>  |  | <b>Lingual</b>  |
| <input type="checkbox"/> a. Sub-gingival* ( ____mm)  |  | <input type="checkbox"/> a. Sub-gingival ( ____mm)    |
| <input type="checkbox"/> b. Supra-gingival ( ____mm) |  | <input type="checkbox"/> b. Supra-gingival* ( ____mm) |

**12. Gingival Embrasures**

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

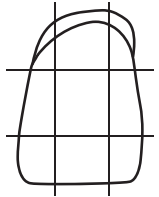
**13. Shade**

**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



**14. If Occlusal Space is Needed**

- a. Adjust Opposing Tooth\*
- b. Adjust Abutment and Mark
- c. Adjust Abutment and Make Coping
- d. Make Metal/Zi Island
- e. Make Metal/Zi Occlusal

**15. Occlusal Stain**

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

**16. Implant Information**

**Name of Implant Manufacturer**

- a. Nobel Biocare  e. Zimmer
- b. Straumann  f. Keystone
- c. Astra Tech  g. Other \_\_\_\_\_
- d. Biomet 3i

**Implant Diameter/Platform**

Tooth # \_\_\_\_\_, \_\_\_\_\_ mm  
 Tooth # \_\_\_\_\_, \_\_\_\_\_ mm  
 Tooth # \_\_\_\_\_, \_\_\_\_\_ mm

Name of Surgeon: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**17. Instructions for Temporaries**

- a. Reduction Needed  Light\*  Heavy
- b.  Splinted or  Single Units
- c. Wire Reinforcement  Yes\*  No
- d. Pontic Tooth Number \_\_\_\_\_

**For Lab Use**

Model \_\_\_\_\_  
 Trim \_\_\_\_\_  
 Wax \_\_\_\_\_  
 Metal \_\_\_\_\_  
 Opaq \_\_\_\_\_  
 Porc \_\_\_\_\_  
 Pol \_\_\_\_\_  
 Q.C. \_\_\_\_\_  
 Abut Weight \_\_\_\_\_  
 Crown Weight \_\_\_\_\_

**Additional Services: Crown & Bridge/Cosmetic/Removable**

- Please Send More**
- |  |  |
|--|--|
| <input type="checkbox"/> Shipping Labels   | <input type="checkbox"/> Boxes         |
| <input type="checkbox"/> Cosmetic Rx       | <input type="checkbox"/> Removable Rx  |
| <input type="checkbox"/> Crown & Bridge Rx | <input type="checkbox"/> Implanning Rx |