

# Stylus Dental Creations

## 905-770-7767

CASE #: .....

DUE DATE (FOR TRY IN): .....

METAL FRAMEWORK TRY IN: .....

BISQUE BAKE TRY IN: .....

DENTURE/PARTIAL TRY IN: .....

Dr. .... Date: .....

Patient Name: .....

Male:  Female:  Age: ..... DUE DATE (FOR FINISH/RETURN): .....  AM  PM

### PORCELAIN FUSED TO METAL

- NON-PRECIOUS       GOLD NOBLE  
 SEMI-PRECIOUS       GOLD/FULL METAL CROWN

### ALL-CERAMICS

- LAMINATE VENEER       YZ ZIRCONIA  
 Pressed Ceramics

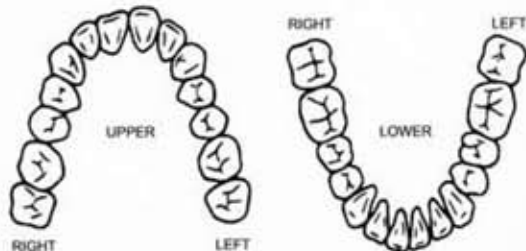
### LABORATORY REQUESTED INFORMATION

- WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE? YES  NO   
 TOOTH DESIGN (STUDY MODEL IS REQUESTED FOR UPPER ANTERIOR CASES)  
 FOLLOW DIAGNOSTIC MODEL  IMPROVE ON DIAGNOSTIC MODEL

### NOTE:

FOR DESIGN OR CONSTRUCTION OF CASES, PLEASE   
 SEND FULL ARCH UPPER/LOWER MODELS WITH BITE  
 TO ALLOW IDEAL TREATMENT DISCUSSIONS.

### DESIGN CASE HERE



### OCCUSAL STAINING

- NONE       LIGHT       MEDIUM       DARK

### ENCLOSED WITH CASE

- IMPRESSIONS       MODELS       BITE  
 PHOTOS       OTHER:

### OCCUSION

- OCCUSION**      **IF NO OCCUSAL CLEARANCE**  
 METAL       METAL OCCUSION  
 PORCELAIN       REDUCTION COPING  
 METAL ISLAND       SPOT OPPOSING

### CONTACTS (EMBRASSURES)



### BUCCAL MARGIN DESIGN

- METAL HAIRLINE OR .....MM ON BUCCAL/LINGUAL  
 METAL-PORCELAIN BUCCAL JUNCTION MARGIN  
 PORCELAIN BUCCAL MARGIN (90° SHOULDER REQ)  
 PORCELAIN BUTT 360° MARGIN (90° SHOULDER REQ)

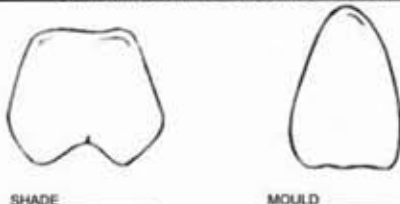
### PONTIC DESIGN



### ANTERIOR/POSTERIOR DESIGN



### CERAMIC SHADE INSTRUCTION



### CASE DETAILS

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 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Signature: .....

Note: If applicable, for anterior "Smile Design", Dickerson, Dorfman, Lorin, etc. include detail of the preferred smile type.