



**Fixed**

8842 Goodby's Executive Drive • Jacksonville, Florida 32217  
(904) 448-0011 (800) 766-9430 Fax (904) 448-5617  
WeMakeSmiles@dcslab.com

**Doctor:** \_\_\_\_\_ Date Sent: \_\_\_\_\_

\_\_\_\_\_ Try In: \_\_\_\_\_

\_\_\_\_\_ Finish Date: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**Material:**

- |  |                               |   |
|--|-------------------------------|---|
| <input type="checkbox"/> Zirconia (Select Preference)          | <input type="checkbox"/> Emax | <input type="checkbox"/> PFM (Select Metal) |
| <input type="checkbox"/> <i>Monolithic</i>                     |                               | <input type="checkbox"/> <i>Base Metal</i>  |
| <input type="checkbox"/> <i>Monolithic - Ultra Translucent</i> |                               | <input type="checkbox"/> <i>Noble</i>       |
| <input type="checkbox"/> <i>Layered</i>                        |                               | <input type="checkbox"/> <i>High Noble</i>  |

Shade: \_\_\_\_\_ Dentin Shade: \_\_\_\_\_

- |                       |                                 |                                 |                                |
|-----------------------|---------------------------------|---------------------------------|--------------------------------|
| Texture:              | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| Incisal Translucency: | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| Occlusal Staining:    | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Has patient been equilibrated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will opposing teeth be restored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- If Necessary:
- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| May we reshape opposing?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we reshape Prep?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a future partial planned? | <input type="checkbox"/> Yes | <input type="checkbox"/>    |

*Thank You for Choosing DCS Laboratory!*  
**"Whatever It Takes"**

**Doctor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_



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**Fixed**

- |                                |                                     |                                  |
|--------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> PFM   | <input type="checkbox"/> Zirconia   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> E.Max | <input type="checkbox"/> Monolithic | <input type="checkbox"/> Layered |

**Case Type:**

**Alloy Desired:**  High Noble Metal  High Noble White  Base

Shade: \_\_\_\_\_ Dentin Shade: \_\_\_\_\_

- |                       |                                 |                                 |  |
|-----------------------|---------------------------------|---------------------------------|--|
| Texture:              | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy                               |
| Incisal Translucency: | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy <input type="checkbox"/> None |
| Occlusal Staining:    | <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy <input type="checkbox"/> None |

- |                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Porcelain Butt: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 360°:           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lingual Collar: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Buccal Band:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Has patient been equilibrated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will opposing teeth be restored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- If Necessary:
- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| May we reshape opposing?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we reshape Prep?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we leave a metal island? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a future partial planned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Thanks For Choosing DCS Laboratory!*  
**WIT!**

**Doctor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_