

FIXED RX FORM



2113 State Street
New Albany, IN 47150
812.945.7122 • 812.949.3492
800.999.7122
www.kelleydental.com

Patient _____

Age _____ Male Female

Return Date _____ AM PM

Doctor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

SHADE, SMILE DESIGN & CHARACTERIZATION

Shade Desired: _____
Please note custom characterization on your drawing.



Prep Shade _____

Ideal Central Length _____ mm

Surface Texture

Smooth Moderate Heavy

Occlusal Staining

None Light Medium Dark

Incisal Translucency

Minimal (.5mm) Moderate (1.0mm) Maximum (1.5mm)

SPECIAL INSTRUCTIONS

Blank lines for special instructions

ENCLOSURES

- Articulator, Models, Photos enclosed, Bite, Opposing, Photos emailed to info@kelleydental.com, Dies: #, Pre-Op, Shade Tab, Facebook, Temp, Stick Bite

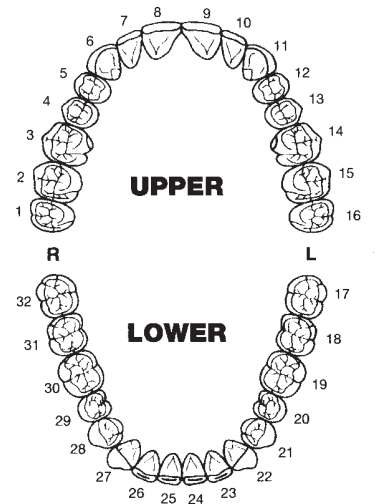
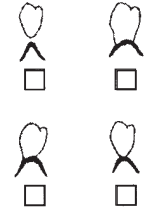
RESTORATION MATERIAL

- Diagnostic Wax Up, PFM, e.max Press, Non-Precious, e.max to Zirconia, White Noble, Temporary, White High Noble, Zirconia Full Contour - High Translucent, Yellow High Noble, w. Shade Gradient, Full Cast Crown, Zirconia Full Contour - High Translucent, Noble 20%, Zirconia Full Contour - Monolithic, Noble 25%, Other, High Noble 56%

PFM MARGIN DESIGN

- Metal Margin, Lingual (B, H), Buccal, Lingual (D, J), Metal-Porcelain Junction Margin (A, G), Porcelain Butt Margin (90° shoulder required), Other

PONTIC DESIGN

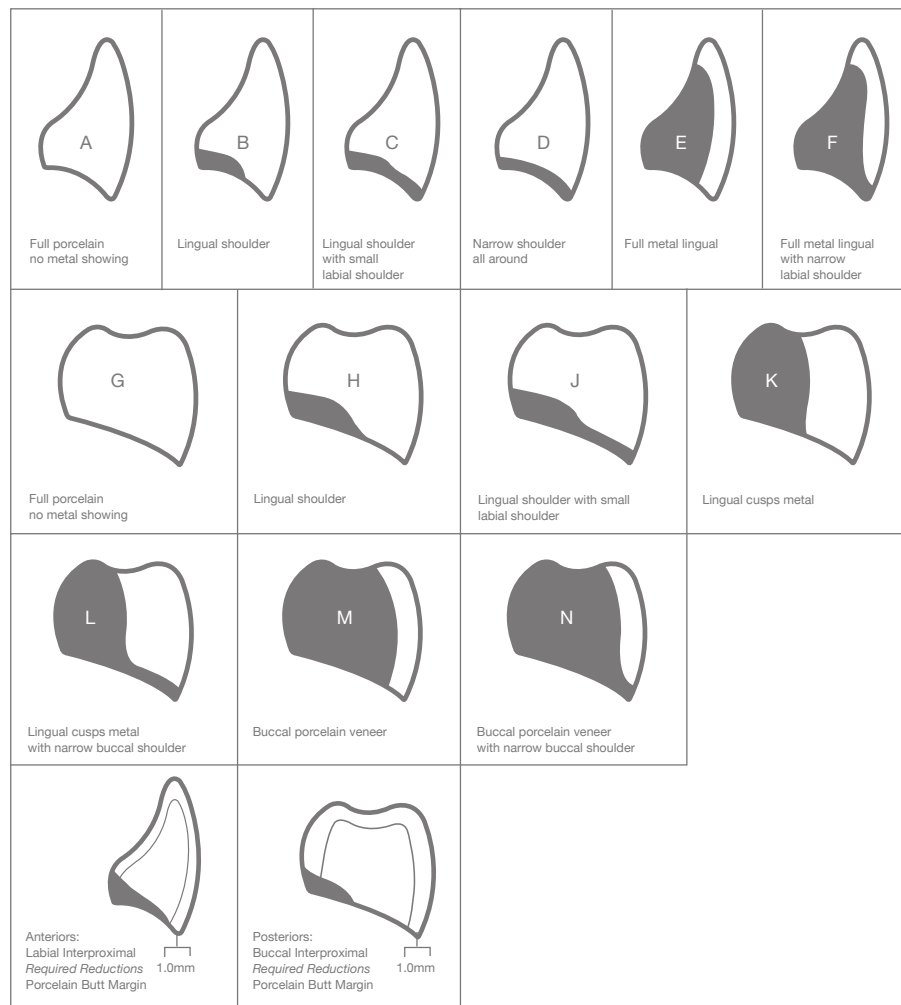


Please Call Attention: _____ Dr.'s Signature _____

Please send me: Boxes Rx Shipping Labels License # _____ Date RxCompleted _____

Retain carbon copy for your records

METAL DESIGN CHART



CASE CHECKLIST

The case checklist is designed to assist you in completing your cases to help ensure the best results possible.

Helpful Reminders

- Make sure all models are properly packaged to prevent breakage
- Label all slides, photos and discs with doctor and patient name
- Review prescription to ensure it is complete

Anterior Cases

- Detailed Prescription, please include:
 - Length of Centrals
 - Shade Desired
 - Shade(s) of preps (include photos)
 - Indicate collarless or butt shoulder margin for PFM restorations
 - Case Goals
 - Correct Malalignment
 - Close Spaces
 - Increase Length
 - Color Change
 - Contour Like – Study or Temp Model
- Models
 - Pre-op
 - Temporaries
 - Opposing
- Photos, full face & 1:2
 - Photos can be submitted to info@kelleydental.com
 - Pre-op
 - Stick Bite

- Temporaries
- Face Bow
- Prep/Dentin/Stumpf (ensure shade tab is legible)

- Bite Registration
- Stick Bite
- Face Bow
- Attachment crowns – interproximal margin where attachment is placed needs to be sub gingiva
- Implant Cases
 - Manufacturer, implant system and implant diameter of each implant to be restored
 - Abutment Desired
 - Restoration Material Desired if not screw retained

Diagnostic Wax-Ups

- Detailed Lab Slip, included:
 - Number or units
 - Desired restoration: veneer or full crown preparation
- Indicate if you would like:
 - Prep model
 - Clear Stint for case preparation
 - Putty Matrix for temporization
- Bite Registration
- Stick Bite
- Length of Centrals

- Can we do gingivectomy for aesthetic purposes?
- Midline – is it correct? How far and which way?
- Buccal Corridor – do you need to expand? How far? *Must include first pre-molar*
- Photos, full face & 1:2
 - Photos can be submitted to info@kelleydental.com
 - Pre-op
 - Stick Bite or Face Bow

Denture

- Detailed Lab Slip, Include
 - Shade & Mold
 - Sex & Age of Patient
- Bite Registration
- High Lip Line
- Low Lip Line
- Midline
- Model of Old Denture – if you like the shape of the teeth

Splints

- Polyvinyl Impression or Master Model
- Open Bite Registration