

PRO-AESTHETIC ARTISTRY
DENTAL CERAMICS INC.
MASTER OF GERMAN DENTAL TECHNOLOGY

13734 Stony Plain Rd.
Edmonton alberta T5N 3P9
Pick-up: (780) 705-3970 Tel: (780) 934-3068
Email: proartistry@hotmail.com

Doctor _____ Date Required _____

Patient _____ Age _____ Gender _____

ALL CERAMIC RESTORATIONS

Material

Emax ☐ Zirconia ☐
PMMA ☐

Type

Full Crown ☐ Bridge ☐ Veneer ☐ Inlay/Onlay ☐
Wax up ☐ Tissue ☐ Temporary ☐

IMPLANT

Material

Emax ☐ Custom Zir ☐
Zirconia ☐

Type

Nobel Biocare ☐ Camlog ☐ Hiossen ☐ Other ☐
Stumman ☐ Biohorizon ☐

OCCCLUSIONS

Normal ☐ Out of Occlusion ☐ Light ☐

METAL RESTORATION

Full Gold Crown ☐

Gold Inlay / Onlay ☐

RIDGE RELIEF

☐ Yes ☐ No

Full



Sanitary Lap



Buccal Lap



Hygienic



Tooth # (s) _____

Shade _____

Stump Shade _____

Picture _____

Is the Patient Bleaching? ☐ Yes ☐ No
(required for all ceramic)

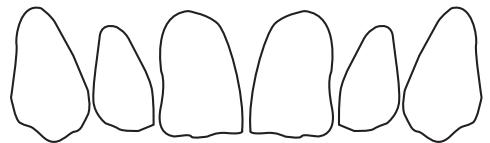
Will opposing teeth be restored? YES ☐ NO ☐

OK to relieve opposing? YES ☐ NO ☐

Zirconia / Metal bite stop OK? YES ☐ NO ☐

OK to relieve prep? YES ☐ NO ☐

Diastema? YES ☐ NO ☐



Included Impressions ☐

Opposing Model ☐

Bite ☐

Analog ☐

DENTIST'S SIGNATURE _____ **Date** _____

LAB ONLY

Received Date _____

Analog Supplied ☐ _____

Ship Date _____

Material Used _____