



Aesthetic Prescription

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www.UltimateDentalCreations.com

Doctor _____

Phone _____

Address _____

Patient _____

Age _____ M F

Date _____ Date Due _____

Goals of Final Case:

Teeth to be Restored: _____

Type of Restoration:

Emax Zirconia PFM Implant Diagnostic Wax-Up

Other: _____

Case Checklist:

- Master Impression
- Opposing Impression or Model
- Bite Registrations not stick bite(Prep and Temp)
- Horizontal Plane Guide (Stick bite)
- Impression of Provisionals

Photo Checklist:

- Pre-op
- Preps w/shade tab
- Provisionals
- Stick bite
- Eyebrow to Chin

Tooth Length: Centrals _____mm Laterals _____mm Cuspids _____mm

Preparation Details & Prep Shade:

Detailed Shade Instructions: Gingival, Body, Incisal, and Occlusal Shade/Staining



Incisal Translucency: None Minimal Moderate Maximum

Surface Texture: Smooth Light Medium High

Surface Finish: Natural Glaze Polished Glaze High Gloss

Miscellaneous Info:

Doctor's Signature _____ **License #** _____