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 16864 Covina Rd., Sunriver, OR 97707
 www.kennedydentalarts.org

Doctor: _____ Date Sent: _____ **DUE DATE:** _____
 Patient: _____ Phone: _____ Age: ___ Gender: ___

Type of Restoration

DIAGNOSTIC WAX UP:

- Trial Smile Wax Up
- Additive Reductive Wax Up
- Full Diagnostic Wax Up
- PFM

ALL CERAMIC:

- e.max
- Zirconia Layered
- Zirconia Monolithic
- Feldspathic Veneers

IMPLANTS:

- Custom Abutment
- Hybrid Abutment
- Standard Abutment

Implants

Brand Name of Implant: _____ Diameter of Implant: _____ mm

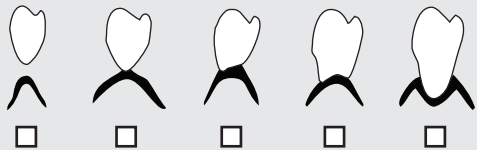
- Screw Retained
- Zirconia
- Titanium
- Cement Retained
- Zirconia (titanium base)
- Titanium / Gold Hue

Metal Design



*put design letter and tooth # in "Additional Info". Add "PB" for porcelain butt shoulder margin.

Pontic Design



Ridge Relief

- None
- Slight
- Medium
- Heavy

Buccal Margin

- Metal Porcelain Junction Margin
- Porcelain Butt Margin

Important Technical Info

- Will opposing teeth be restored? Yes No
- Do you want a framework try-in? Yes No
- Will doctor trim die? Yes If needed

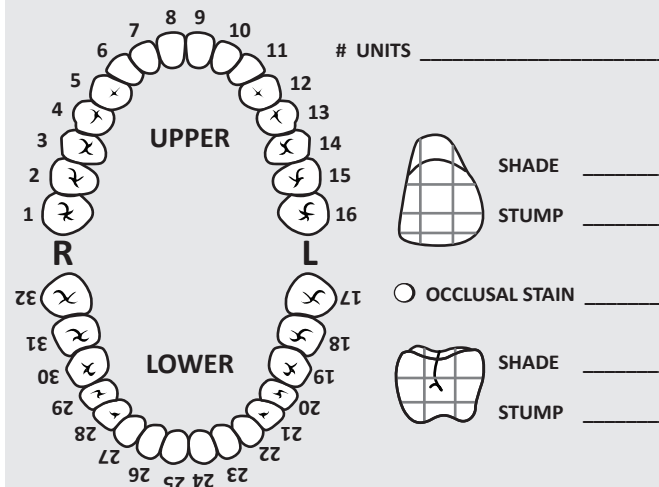
If prep reduction is insufficient:

- Reduce and mark opposer
- Reduce and mark prep
- Make Reduction stint

Occlusal Contacts

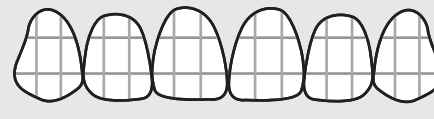
- In occlusion
- Out of occlusion .3 mm
- Out of occlusion .5 mm

Characterization Chart



Length of central from prep margin _____ mm.

INDICATE SHADE:



STUMP SHADE

Case Requirements for Cosmetic Restorations

PHOTOS - EMAIL TO KDA

- Pre-Op Photo
- Eye Brow to Chin - Full Smile
- Repose - Relaxed Smile
- Temporary Repose Relaxed
- Photo of Stum Shade
- Photo of Shade Guide

ENCLOSED WITH CASE:

- Pre-Op Models
- Bite
- Photos
- Model Temps
- Wax Up

Additional Information

- I would like a call to review case
- I have sent photos to kennedydentalarts@outlook.com
- Need more RX Forms
- Need more UPS labels

Dr. Signature: _____ Date: _____