san diego aesthetic dental studio

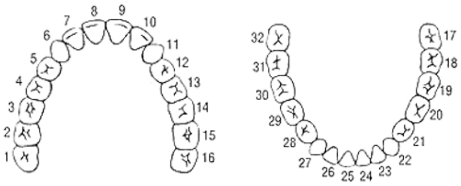
t 619.920.2580 f 619.923.2820

Doctor's Name	Patient's Name
Address	Age: Sex: ☐ M ☐ F
	Today's Date
Phone Number	Due Date

TYPE OF RESTORATION

☐ Captek	☐ Porcelain Buccal Margin	☐ e.max
☐ White High Noble		☐ Zirconia
☐ Semi Precious Noble	☐ Porcelain Margin 360	☐ Empress
☐ Full Gold Crown		☐ Other

TOOTH NUMBERS & SHADE



Shade

Stump Shade

Length of Central: #8 _____ mm #9 _____ mm

RX

Signature: _____ License # _____

3633 Camino del Rio S. #206
San Diego, California 92108
Web: www.sdaesthetic.com
Case Management:
sdads.winvoice.com
Find us on

SDADS

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CASE CHECK LIST	Received		Received
Master Impression - Qty:		☐ Bite Registration	
☐ Pre-op Model		☐ Stick Bite	
☐ Opposing		☐ Old Crown	
☐ Photos		☐ Face Bow	
☐ Approved Provisional		Others:	

ARTICULATOR PREFERENCE

PONTIC DESIGN

OCCLUSAL CONTACT

☐ No Contact ☐ Light ☐ Contact ☐ Full Contact

IF INADEQUATE CLEARANCE

Spot: ☐ Die ☐ Opposing ☐ Call me

OCCLUSAL STAINING

☐ None ☐ Light ☐ Medium ☐ Heavy

SURFACE TEXTURE

☐ None ☐ Low ☐ Medium ☐ High

RX *(CONTINUED)*