



955 W. Chandler Blvd. 7, Chandler, AZ 85225
Phone: 480.844.3690 Fax: 480.834.0372
www.edgedentalaz.com

Doctor's Account # _____ Phone # () _____

Dr. _____

PLEASE PRINT CLEARLY

Address _____

Patient: _____ / _____ by 5pm

SHIP DATE

DUE DATE



SPECIFIC INSTRUCTIONS

- ☐ Edge Express
- ☐ Edge Esthetic

Signature: _____ D.D.S. License #: _____

Age: _____ Sex: _____

☐ Dr. to Die Trim ☐ Metal Try-In

☐ Finish to Porcelain

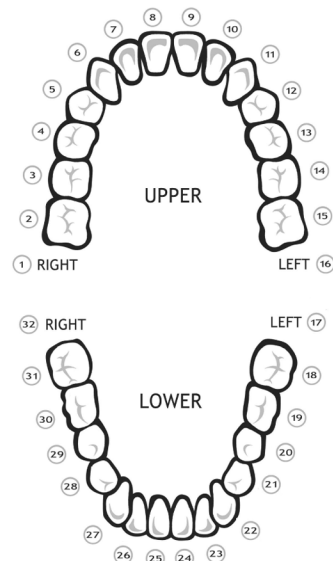
Please indicate the distribution of hues
and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: _____ Vita-3D: _____

Chromoscop: _____ Stump Shade: _____

Other: _____



PONTIC DESIGN



IF NO OCCLUSAL CLEARANCE

- ☐ Metal Occlusion
- ☐ Reduction Coping
- ☐ Spot Opposing
- ☐ Make Permanent Note

ANTERIOR DESIGN



METAL DESIGN

- ☐ All Porcelain coverage
- ☐ Metal Coping with Porcelain coverage*
- ☐ Metal Occlusal excluding Buccal CUSP
- ☐ Metal Occlusal including Buccal CUSP

OCCLUSAL STAINING

- ☐ None ☐ Medium
- ☐ Light* ☐ Dark

BUCCAL COLLAR DESIGN

- ☐ Hairline or _____ mm on Buccal
- ☐ Porcelain Junction Margin*
- ☐ Porcelain Butt Margin (90 shoulder req.)

IMPLANTS

- ☐ Porcelain fused to Semi-Precious
- ☐ Porcelain fused to White High Noble*
- ☐ Porcelain fused to Yellow High Noble
- ☐ Custom Abutment:
 - ☐ Cast Gold ☐ Titanium ☐ Ceramic

PORCELAIN FUSED TO METAL

- ☐ Creation Layered ☐ POM
- ☐ Fused to Non-Precious*
- ☐ Fused to Semi-Precious
- ☐ Fused to White High Noble
- ☐ Fused to Yellow High Noble

LONG TERM TEMPS

Abutments #s _____ Pontics #s _____

- ☐ Wire Reinforced
- ☐ Splinted
- ☐ Individual

DIAGNOSTIC WAX-UP

☐ Tooth _____
Please Specify

THERMOFORMED PRODUCTS

- ☐ Soft Nightguard
- ☐ Bleaching Tray
- ☐ Hard Night Guard
- ☐ Custom Tray

FULL CAST RESTORATIONS

- ☐ Non Precious
- ☐ High Noble
- ☐ Gold inlay/onlay—
- ☐ Other _____
Please Specify

ALL-CERAMIC

- ☐ Porcelain Fused to Zirconia
- ☐ IPS e.max™ *
- ☐ IPS Empress® Esthetic
- ☐ Full Contour Zirconia