

Lee Dental Design Lab

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18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

☐ Crown ☐ Bridge ☐ Joint Crowns ☐ Post Core ☐ Veneer ☐ Onlay ☐ Maryland Br

PFM / CMC

- ☐ Co-Cr *
☐ Pure Titanium
☐ Semi-precious
☐ High-precious
☐ _ _ _ _ _

Full Metal

- ☐ Co-Cr *
☐ Pure titanium
☐ Semi-precious
☐ High-precious
☐ _ _ _ _ _

Ceramic / PFZ

- ☐ E.Max
☐ Composite
☐ Upcera
☐ Cercon
☐ _ _ _ _ _

Full-Contour Zir.

- ☐ Full Zirconia
☐ HT Zirconia
☐ Multi-layered
☐ Cercon
☐ _ _ _ _ _

Implant _____
 Customized Abutment _____

(☐ Cement-retained ☐ Screw-retained)
 (☐ Pure Titanium ☐ Zirconia ☐ IAC)

Notes:

REMOVABLE PROSTHETICS

- ☐ U / ☐ L Special Tray
☐ U / ☐ L Acrylic Denture
☐ U / ☐ L Flexible Denture
☐ U / ☐ L Metal Based Denture

☐ U / ☐ L Bite Rim

☐ Set-up teeth + ☐ Finish
☐ Set-up teeth + ☐ Finish

☐ Framework + ☐ Set-up Teeth + ☐ Finish

☐ Co-Cr * ☐ Vitallium ☐ Pure Titanium ☐ PEEK

Notes:

ORTHODONTICS

☐ U / ☐ L Clear Aligners
☐ U / ☐ L _ _ _ _ _

Clinic / Lab: _____

Case Number: _____



Dr. Name: _____

(Please indicate exactly and clearly.)

Return Date: ___/___/___

☐ Urgent (Extra charge)

Pt. Name: _____

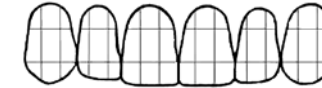


Age: _____ Nickel Allergy: ☐ Y ☐ N

Enclosed Contents: ☐ Tray ☐ Stone Model ☐ Bite Rim ☐ Photos ☐ Cr./Br. ☐ Acrylic Teeth

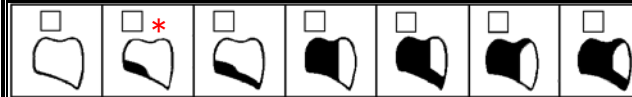
Occlusal Stain

☐ None ☐ Light *
☐ Medium ☐ Dark



Incisal Translucent

☐ None ☐ Light
☐ Medium * ☐ Dark



Metal Design

Lingual: _____ mm

Buccal: _____ mm

Porcelain Shoulder

☐ None * ☐ Buccal

☐ 180° ☐ 360°

Embrasure



☐ Open * ☐ Closed

Proximal Contact



☐ Normal * ☐ Extended

☐ Light

☐ Normal *

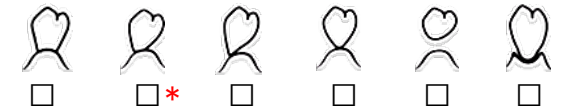
☐ Tight

Occlusal Contact



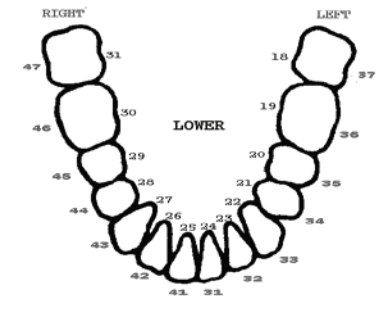
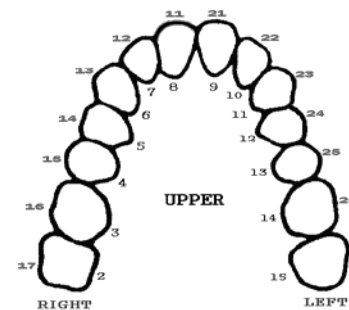
☐ Heavy ☐ Light * ☐ Open

Pontic Design



If occlusal clearance is insufficient , allow lab to

☐ Adjust Opposite ☐ Trim Die ☐ Make Metal Points ☐ Make 3/4 Metal Occlusion ☐ Contact Dr.



Doctor's Signature: _____

(NOTE: * = Standard Protocol Unless Specified Otherwhere.)