



COMPREHENSIVE PRESCRIPTION FORM

DOCTOR NAME: _____ DATE: _____

Signature and License Number on File

ADDRESS: _____

PHONE: _____ FAX: _____

PATIENT NAME: _____

Return dates are determined after a case review based on the complexity and doctor/technician collaboration required.

Please call for consultation (required for all complex cases)

LEVEL OF SERVICE (Provisionals)

PROVISIONAL RESTORATION

- Shell provisional (crowns only)
- Provisional fabricated on cast of tooth preparations

LEVEL OF SERVICE (Final Restorations)

EXPRESS (monolithic, stained & glazed)

Material/Indicate Tooth Number(s): _____

- Monolithic pressed lithium disilicate (LD)
- Monolithic translucent zirconia (4Y-ZP)
- Monolithic opacified zirconia (3Y-TZP)

CLASSIC

Material/Indicate Tooth Number(s): _____

- Monolithic pressed lithium disilicate (LD)
- Layered pressed lithium disilicate (LD)
- Monolithic translucent zirconia (4Y-ZP)
- Monolithic opacified zirconia (3Y-TZP)
- PFZr (3Y-TZP zirconia substrate)
- PFM (Complete substrate information*)

ULTIMATE (Master ceramist)

Material/Indicate Tooth Number(s): _____

- Monolithic pressed lithium disilicate (LD)
- Layered pressed lithium disilicate (LD)
- Monolithic translucent zirconia (4Y-ZP)
- Monolithic opacified zirconia (3Y-TZP)
- PFZr (3Y-TZP zirconia substrate)
- PFM (Complete substrate information*)

*PFM METAL SUBSTRATE

- Nobel (25% Pd)
- High Nobel (51% Au)
- Metal occlusal with buccal ceramic:
- Metal coping with full ceramic coverage:
 - Metal collar: 180°
 - 360°
 - Ceramic to edge of metal
 - Ceramic margins 180°
 - 360°

BRIDGE PONTIC DESIGN

- OVATE
- MODIFIED RIDGE LAB
- RIDGE LAP
- ADJUST RIDGE ACCORDINGLY
- NO RIDGE ADJUSTMENT

FINAL RESTORATION ESTHETICS

GENERAL GUIDELINES:

- Use diagnostic wax-up as guide
- Use provisional cast as guide
- Use provisional photos as guide

ANTERIOR AND POSTERIOR TEETH:

Pre-operative shade: _____

Preparation shade: _____

Requested tooth shade: _____

Requested soft tissue/gingival shade: _____

- Match shade tab
(No photographs provided)
- Match per photos (Suggested photos
 - Photographs of shade tab next to tooth and next to preparation)
- Occlusal Staining
 - None
 - Slight
 - Natural

ANTERIOR TEETH SHADE INFORMATION:

- All teeth same color and value
- Cuspid one shade more chromatic than central

Incisal translucency:

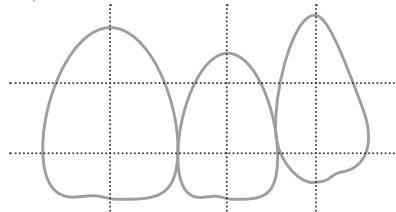
- None
- Slight -0.5 mm
- Youthful -1.0 mm

Layering (Classic and Ultimate Only): tooth number(s) _____

- Facial/buccal only (maximum strength)
- 50% incisal edge
- 100% incisal edge (maximum esthetics):

DRAW REQUESTED SHADE MAPPING

Optional



HORIZONTAL REFERENCE

Y N Use interpupillary line that parallels horizon - if NO, other reference:

Y N Use facebow or other maxillary transfer device to determine horizontal plane

Y N Maxillary incisal plane parallels horizon - If NO

Patient's right side is high

Patient's right side is low

Y N Mandibular incisal plane parallels horizon - If NO

Patient's right side is high

Patient's right side is low

Y N Maxillary midline is perpendicular to incisal plane. If NO (canted):

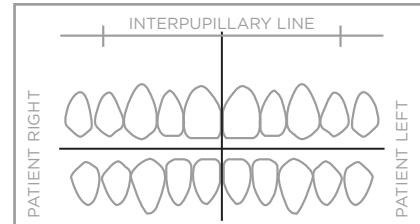
Communicate the deviation w/ horizontal with:

Diagram below Photograph

Facebow mounting

Draw with dashed line current midline & incisal plane relative to horizon and vertical lines

Correct midline cant and incisal plane to match horizontal and vertical lines



No reference provided: Use best technical judgment

Pg. 1



ESTHETICS BY DESIGN

PHONE: 949-899-9010 | WEB: EBDLAB.COM
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COMPREHENSIVE PRESCRIPTION FORM

**DESIRED MAXILLARY RIGHT CENTRAL
INCISAL EDGE (Tooth #8)**

Position relative to current position:

Y N Change incisal length. If YES:
 Shorten by: _____ mm
 Lengthen by: _____ mm

Y N Technician may determine
based on information provided

DESIRED MANDIBULAR INCISOR EDGE POSITION

Position relative to current position:
 Y N Change incisal length. If YES:
 Shorten by: _____ mm
 Lengthen by: _____ mm
 Y N Technician may adjust length to establish desired function if not included in diagnostic wax-up (+/-)

ADDITIONAL ESTHETIC INFORMATION

Maxillary lateral incisor shorter than central
by: _____ mm

Maxillary incisal edges:

Natural Flat

Maxillary incisal embrasures:

Natural Closed (square)

Widen buccal corridor: Y N

Close gingival embrasures: Y N

Close diastema: Y N

OCCLUSAL / FUNCTIONAL CONSIDERATIONS

- Refer to client preferences
- Case specific effects (see below)
- Mount maxillary cast with device relative to horizon
 - Facebow
 - Kois transfer
 - Bite stick (does not relate and transfer A-P occlusal plane)
 - Arbitrarily mount the cast leveling the maxillary incisal and occlusal planes
- Mount mandibular cast with:
 - CR record:
 - 1 record enclosed - assume it is accurate
 - 2 records enclosed - 2nd used to confirm accuracy. If records do not coincide:
 - Contact Dr. to determine course of action
 - Proceed with 1st mounting record
 - Clinical first point of contact (REQUIRED): Teeth #s

- Return for trial equilibration by Dr. (technician will not perform equilibration)
- All occlusal contacts to be determined by wax-up
- Hand articulation of casts in MIP (or with wax bite). *If a silicone bite is provided in MIP, it will not be used.*

- Vertical dimension
 - Y N Maintain current VDO - If NO
 - Open at incisal edges _____ mm
 - Open as needed for restorative purposes & to idealize occlusal planes (*technician can change as needed to meet esthetic and functional goals*)
- Anterior vertical overlap (overbite)
 - Y N Maintain current vertical overlap - if NO:
 - Decrease: _____ mm
 - Increase: _____ mm
- Anterior horizontal overlap (overjet)
 - Y N Maintain current horizontal overlap - if NO:
 - Decrease: _____ mm
 - Increase: _____ mm
- Anterior guidance
 - Y N Maintain original angle - if NO:
 - Decrease: _____ mm
 - Increase: _____ mm
- Lateral guidance
 - Y N Cuspid guidance
 - Y N Group function: Indicate desired tooth contacts:
- Condylar inclinations
 - Use average
 - Right: _____ degrees
 - Left: _____ degrees

- Maxillary and mandibular incisal edge design (*choose one*)

- Natural
- Flat and broad
- **Tooth re-contouring**
 - Y N Do not alter opposing tooth
 - Y N Adjust opposing tooth idealize form and function of wax-up
- Make custom incisal guide table from:
 - Pre-op casts
 - Provisional casts
- Cross-mount
 - Provisional to prep

CHECKLIST OF ITEMS TO SEND TO LABORATORY

- Completed prescription form
- Diagnostic impressions (preferably polyvinyl siloxane)
- Horizontal transfer device (facebow transfer, etc.)
- Bite registration records
 - CR - only if the patient will be treated in CR
 - MIP - wax record only
- Photographs related to horizon at the level of the maxillary occlusal plane
 - Portrait with lips in repose
 - Portrait in maximum smile
 - Portrait with lips retracted
 - MIP
 - Anterior teeth separated by 2-4 mm to evaluate maxillary and mandibular occlusal planes

ADDITIONAL COMMENTS

