



**LONE MOUNTAIN
DENTAL STUDIO, L.L.C.**

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ADVANCED CASE RX

Doctor: _____ Date _____

Patient: _____ Due Date _____

1. TYPE OF CASE:

- Diagnostic Consultation
 - Diagnostic Wax-Up (include stickbite)
 - Restorative Case
 - Ok to make reduction copings
 - Please give feedback to Dr.
- Teeth to be restored: _____

2. GOAL OF FINAL CASE:

- Close Diastema
- Change Shape
- Move Midline
- Restore to CR
- Lengthen Teeth
- Change Shade
- Restore Worn Teeth
- Develop Normal Guidance
- Widen Smile
- Feminize Smile
- Rejuvenate Smile

3. ITEMS INCLUDED WITH CASE:

- Pre-op imp/models
- Pre-op slides/photos of including profile
- Pre-op mock-up of centrals/anterior
- Pre-op stick bite
- Facebow Type: _____
- Mounting records (bites)
 - CO CR
- Master Impressions Upper (Qty _____) Lower (Qty _____)
- Opposing Impression/Model
- Stick bite with preps
- Impression of provisional
- Diagnostic Wax-Up
- Photo's of: prep shades final shades stick bite
- Initial incisal edge position bite/index

4. TYPE OF RESTORATION DESIRED:

- Pressed Ceramic (teeth #'s _____)
- Lab Processed Resin (teeth #'s _____)
- PFM (teeth #'s _____)
- Gold (teeth #'s _____)

5. SHADE (SEE BELOW):

- Body Shade _____ Gingival Shade _____
- Incisal Shade _____ Occlusal Staining: None Light Medium Heavy
- Value: High Medium Low



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(Advanced Case RX continued)



6. SHADE OF PREPARATION:

Stump shade of teeth # _____ ST _____
Stump shade of teeth # _____ ST _____

Details: _____

7. SHAPE:

- Any changes from waxup _____
- Smile Design Handbook _____
- Smile Guide Design # _____
- Match Photographs Included _____
- Approved Temporary Model _____
- Match Approved Temp _____

8. LENGTH: Central _____ mm Laterals _____ mm Canines _____ mm
Any Special Length Instructions: _____

9. INCISAL TRANSLUCENCY: None Minimal (0.5 mm) Moderate (.75 mm) Maximum (1.0 mm)

10. INCISAL EDGE PROFILE: Flat Irregular Notched

11. SHADE OF TRANSLUCENCY: Transparent Cloudy

12. SURFACE TEXTURE: High Medium Light Smooth (No surface texture)

13. SURFACE FINISH: High Glaze Polished Gloss Satin Finish Low Gloss

14. INGOT CHOICE (OPTIONAL): 02 01 TC1

15. FUNCTIONAL CONSIDERATIONS:

16. FINAL CLASSIFICATION: _____

17. OVERBITE DESIRED: _____ 18. OVERJET DESIRED: _____

19. POSTERIOR TOOTH ANATOMY: _____

20. SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE _____

PLEASE SEND:

| Prescription Pads | Mailing Boxes | Mailing Labels |
|-------------------|---------------|----------------|
| | | |

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