



ERIC NEWELL,
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Dr. _____ Phone _____

Patient _____ Sex _____ Age _____

Prep Date _____ Due Date _____

RESTORATION TYPE

e.max

Full Contour Zirconia

Porcelain Fused to Zirconia

SHADE

Shade _____

Prep _____

Translucency: Hi Med Low

Value: Hi Med Low

IMPLANTS

Tooth # _____ System _____ Platform Size _____

Tooth # _____ System _____ Platform Size _____

GOALS OF CASE

☐ Change Shade

☐ Widen Buccal Corridor

☐ Open Bite

☐ Close Diastema

☐ Lengthen Teeth

☐ Move Midline

☐ Change Shape

☐ Youthful Smile

☐ Soften Smile

Other: _____

☐ Custom Shade and Photos

☐ In Office

☐ In Laboratory



Tooth Number (s): _____

☐ Permission to suggest reprep or new impression

☐ More instructions on reverse side

Signature _____

* A credit card on file is required for all cases. In event of collection action, debtor is to pay all collection cost, including attorney fees. All accounts are to be paid in full within 30 days of prep. date.