Premier Restorations

2485 Grant Ave. Suite 106
Ogden Ut. 84401

(385)-289-2105
fifthelementdental.com
beau@fifthelementdentaldesign.com

Date_____ Due Date_____

Doctor_____ Telephone_____

Address_____

Patient Name_____ Gender_____ Age_____

Items Included With Case

- ◯ Master Impression
- ◯ Opposing Impression or Model
- ◯ Bite Regestration
- ◯ Stick Bite
- ◯ Face Bow Transfer Jig
- ◯ Diagnostic Wax Up
- ◯ Temp Matrix & Cutback Guide
- ◯ Model or Impression of Provisionals
- ◯ Preopritive Models
- ◯ Photos
- ◯ Other _____

Premier Restorations

- ◯ Minimal to No Prep Foil Veneers
- ◯ All Ceramic Veneers
- ◯ All Ceramic Crowns
- ◯ Layered All Ceramic Veneers
- ◯ Layered All Ceramic Crowns
- ◯ Layered Zirconia
- ◯ Other: _____

Teeth Numbers:_____

Goals for Case

Surface Texture: ◯ None ◯ Slight ◯ Pronounced
Incisal Trans: None ◯ Minimal .5 ◯ Moderate 1.0 ◯ Max 1.5
Vertical Dimension: ◯ Oben Bite _____mm CEJ Measurement _____
Move Midline: Patient's R or L _____mm
Length of Centrals: # 8_____ #9_____
Laterals: # 7_____ #10_____
Canines #6 _____ #11 _____

Use Photo for Shade Diagram

Shade:
Body_____Gingival_____Incisal_____Occlusal Staining_____

Shade of Preparation: (please photograph)
Teeth #s_____ ST____ Teeth #s_____ST_____ Teeth #s_____ST_____

Case Description: _____

x Authorization x

License # _____

Dr. Signature: _____

Net 30 Days. A finance charge of 2% per month will be charged on all past due accounts. IF collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.