

COSMETIC DIAGNOSIS RX

Office Use Only

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www.oceanceramics.com

818 Brunette Avenue, Coquitlam BC V3K 1C5
604-777-1337 or 1-800-667-5177

DATE _____

DR. _____ PHONE: _____

DELIVER TO: _____

PATIENT NAME: _____ AGE: _____

DELIVER BY 5:00 P.M. ON: _____ M F

Teeth to Restore

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

OCCLUSAL DESIGN CLASSIFICATION CLASS I MODERATE CLASS II STEEP CLASS III FLAT

- | | |
|--|--|
| <input type="radio"/> CCPS (Cosmetic Correct Provisional System) includes:
<ul style="list-style-type: none"> • Prep Reduction Stent • Provisional Matrix <ul style="list-style-type: none"> <input type="radio"/> Maxillary Provisional Matrix <input type="radio"/> Mandibular Provisional Matrix | <ul style="list-style-type: none"> • Denta4 Bite Matrix • Denta4 Incisal Index <ul style="list-style-type: none"> <input type="radio"/> I Adjust new temps to orthotic <input type="radio"/> II Adjust new crowns to orthotic |
|--|--|

PREP MODEL (OPTIONAL)
 Yes No

SHAPE & CONTOUR **SHIFT MIDLINE** **LENGTH OF CENTRALS**

- Match Existing Yes No _____mm
- Golden Proportion R_____mm L_____mm
- Smile Guide_____ (ref. to)

SURFACE ANATOMY **SHIMBASHI MEASUREMENT**

- Smooth Gingival 6-27_____
- Textured (CEJ) 8-25_____
- Match Existing 9-24_____
- 11-22_____

FUTURE RESTORATIONS PLANNED _____ **≈ WHEN?** _____



INCISAL EMBRASURE

- Rounded Open
- Square Closed

Instructions: _____

Dr's Signature _____

I HAVE INCLUDED THE FOLLOWING:

- Bite Registration
- Max & Mand Impressions (Preferred)
- Max & Mand Pre-Op Models (Untrimmed)
- Lower impression with orthotic
- Photos
- Photos Emailed

PLEASE SEND:

- Rx's
- Boxes
- Bags
- Waybills