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Doctor Laboratory Prescription

Date Sent: _____ Date Due: _____ <small>(Please call to schedule)</small>	Doctor: _____ License #: _____
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Age: _____	Phone: _____ Fax: _____
TYPE OF CASE: <input type="checkbox"/> Diagnostic Consultation <input type="checkbox"/> Diagnostic Wax-up <input type="checkbox"/> Final Restorations	Email: _____
	Signature: _____

All statements are due and payable in full within 30 days. Any account past due will be charged a 5% per month. If collection is required by suit or other means, account holder agrees to pay all collection costs, including reasonable legal fees and attorney fees.

Preop: Impressions Models Mock-up: Impressions Models Opposing: Impressions Models

Provisionals (Req. Anterior Cases): Impressions Models Final Preparations (Must ID Master): Impressions Models

Notes: _____

Occlusal Records: Hand articulate CO Bite CR Bite NM Bite Articulator: Brand _____

Horizontal Transfer Information: onebite Facebow: Brand _____

Portrait Lips in Repose (1:2) Preop Provisionals Maximum smile (1:2) Preop Provisionals

Lips Retracted: lat. view upper incisors 1:2

Lips retracted: frontal view molar to molar 1:2 Occluding: Preop Provisionals Open 2 mm at incisal edge: Preop Provisionals

Photo of shade tab (required for all cases) – to remaining teeth and preps

Photo of onebite Photo of temps full smile retracted, including eyes Photo of temps retracted, including eyes

Incisal Translucency <input type="radio"/> None <input type="radio"/> Moderate 1.0 <input type="radio"/> Minimal .5 <input type="radio"/> Maximum 1.5	Surface Texture <input type="radio"/> Smooth <input type="radio"/> Moderate <input type="radio"/> Slight <input type="radio"/> Heavy	Surface Finish <input type="radio"/> Low Gloss <input type="radio"/> High Gloss <input type="radio"/> Polished Gloss	Occlusal Stain <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Medium <input type="radio"/> Dark	Stump Shade TEETH # s _____ _____
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All Ceramic

Emax Master - TEETH #s _____ Porcelain to Zirconia - TEETH #s _____

Empress Esthetic - TEETH #s _____ Diagnostic Wax-up - TEETH #s _____

Minimal Prep Veneer - TEETH #s _____ Other - TEETH #s _____

Feldspathic Veneer - TEETH #s _____

Shade: _____

Length of tooth #8: _____ mm

Lateral incisors shorter than central incisors by: _____ mm

TOTAL NUMBER OF UNITS: _____

Notes: _____

Shade:

Gingival

Body

Incisal

