



# SUNCOAST CERAMIC STUDIO

1415 Oakfield Drive • Brandon, FL 33511

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DL#10065

**R** PRESCRIPTION

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Practice Name & Address \_\_\_\_\_

Patient Name (Last, First) \_\_\_\_\_ Male / Female \_\_\_\_\_ Age \_\_\_\_\_

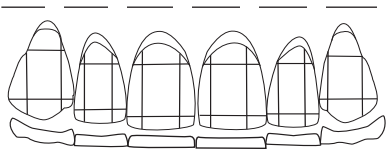
Date Sent \_\_\_\_\_ SCS Delivery/Ship Date \_\_\_\_\_

Patient Appointment Date & Time \_\_\_\_\_

Teeth to be restored: \_\_\_\_\_  
**PLEASE SEND A STUDY MODEL ON ALL WORK INVOLVING ANTERIOR TEETH**

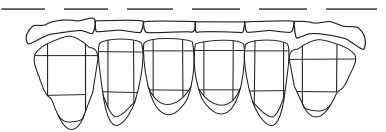
Type & Material: \_\_\_\_\_

*Preparation Shade*



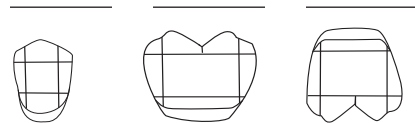
*Final Shade*

*Preparation Shade*



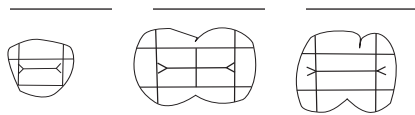
*Final Shade*

*Preparation Shade*



*Final Shade*

*Preparation Shade*



*Final Shade*

Miscellaneous Information about shade (i.e.: metal posts, implant material, etc.) \_\_\_\_\_

Porcelain Shoulder: YES or NO

Rx Specific Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional instructions on back YES / NO

*\* see reverse for items included*

Dentist's Signature (Required) \_\_\_\_\_ License # \_\_\_\_\_

**Items Included with case:  
Quick Check, Have you included?**

Sent		Received
	Impressions(s)	
	Opposing	
	Pre-Op Model(s) if available	
	Temp Model(s)	
	Bite Registration	
	Stick Bite / Symmetry Bite	
	Diagnostic Wax Up	
	Photos Sent or Emailed	
	Miscellaneous Items	

**Goal of Final Case**

- |  |   |
|--|---|
| <input type="checkbox"/> Widen Buccal Corridor | <input type="checkbox"/> Feminize Smile |
| <input type="checkbox"/> Younger Smile         | <input type="checkbox"/> Move Midline   |
| <input type="checkbox"/> Close Diastema        | <input type="checkbox"/> Lengthen Teeth |
| <input type="checkbox"/> Change Shape          | <input type="checkbox"/> Change Shade   |

**Pontic Design**

- |  |
|--|
| <input type="checkbox"/> Anterior      |
| <input type="checkbox"/> RidgeLap      |
| <input type="checkbox"/> Mod. RidgeLap |
| <input type="checkbox"/> Ovate         |

Additional Instructions Continued: \_\_\_\_\_

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