



"Quality is our lifeline"




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For CDO Use: Date: _____
 Company: _____
 Notes: _____






CLIENT PREFERENCES

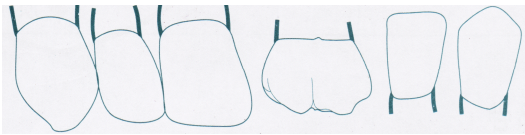
CLIENT INFORMATION

Dentist / Laboratory: _____ Date _____

OCCLUSION		CONTACTS		
<input type="checkbox"/> In Occlusion <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Ideal Occlusion <input type="checkbox"/> Match Existing	If Insufficient Occlusal Clearance... <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing	Normal 	Heavy & Broad 	Point 

Gingival Embrasure:	MARGIN DESIGN			
<input type="checkbox"/> Smooth Emergence <input type="checkbox"/> Open <input type="checkbox"/> Closed	Lingual Metal 	No Metal 	Porcelain Margin 	Small Metal 

PONTIC DESIGN				
Point Contact 	No Ridge 	Standard (Modified Ridge) 	No Contact 	Below Ridge (Bullet) 

CERAMIC SHADE	
Cracklines : <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark Translucency: <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum Shine/Gloss: <input type="checkbox"/> High Shine <input type="checkbox"/> Dull Mammellons: <input type="checkbox"/> Highly Visible <input type="checkbox"/> Somewhat Visible <input type="checkbox"/> None Surface Texture: <input type="checkbox"/> Smooth <input type="checkbox"/> Heavy	 <p style="text-align: center;">Use Vita/Bioform Shade Guide</p>

SPECIAL INSTRUCTIONS

See back for additional instructions and/or sketches

