

4944 Windplay Dr. #205 El Dorado Hills, CA. 95762 Office: 916.407.2500

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○ Mailing Boxes ○ Rx Forms ○ Mailing Labels

LABORAT	o r y I					
Dr		Phone				
Address		City		Stat	eZip	
Patient's Name		Age		Sex		
Today's Date		Due Date				
MATERIAL ALL CERAMIC	MATERIAL PFM		CASE CHE	CK LIST		
Emax Press	O High Noble		○ Maste	er Impressio	ons	qty.
 Empress/Authentic 	Noble		Study	Model(s)	○ Bite R	egistration(s)
○ Zirconia Full Contour	O Porcelain Mar	gin	Stick	Bite	Oppos	sing
○ Zirconia Layered	Specify Type _		O Photo	S	Old Cr	rowns
Feldspathic Veneer			○ Face	Bow	O Dr.'s A	rticulator
O Composite Inlay/Onlay	MATERIAL DIAGNO			. 8	9	
Other Material	O Diagnostic Wax Up		6 11			
GOAL OF NEW SMILE DESIGN	O Prep Guide		5	$\stackrel{\times}{\sim}$	× 12	
○ Change Shape (Contour)	Temp Matrix		3	UPP	EK	13
Close Diastema	MATERIAL COMPO	SITE	2 2		Œ	15
Adjust Midline	Inlay		1 (2))	9	16
Widen Buccal Corridor	Onlay		R	RESTOR		
Feminize Shape	MATERIAL ALL METAL		NUMBERS			
○ Youthen Smile	○ Gold ○ semi(high noble	ZE (X)			×) 41
C Lengthen Teeth	O Full Crown	semi high noble	18 2)	(3	81
Change Shade	IF INADEQUATE C	LEARANCE	0E (X	LOW	(+7) ₆₁
ESTHETIC SMILE DESIGN	○ Spot	○ Die	87		77 17	
○ Follow Wax Up	Opposing	○ Call Me		97 57	72 62	
Follow Temps/Mockup	RIDGE RELIEF	OVATE	FULL LAP	BUCCAL LAP	SANITARY CONTACT	SANITARY SPACED
Smile Design Catalog	O YES	mm	\bigcap	\bigcirc	\bigcirc	\bigcap

 \bigcirc NO

Please Send:

Page __

_____ Style __

Stump Shade:	
leetn#	_ / \
Teeth#	-
Incisal Translucency:	Mid Body
○ Minimal 0.5 ○ Modest 1.0 ○ Max 1.	5
Length of Centrals	Incisal
Gingival Line: Modify Position mr	
Golden Proportion:	Incisal Edge
mm Open Bite mr	n
Surface Texture: O High Medium	□ Clight C Smooth (no texture)
DUNCTRUCTIONS	
R_{X} instructions	
r. Signature	License Date
<u> </u>	

LABORATORY SCHEDULE

Pressed Ceramics

10 Days
12 Days
15 Days
10 Days
10 Days
Call for Info
8 Days
12 Days
7 Days

SUBJECT TO SCHEDULING AVAILABILITY

Please call 916.407.2500 for more information. Estimates are available upon request. All estimates that change during case fabrication beyond 15% will be approved by the prescribing doctor prior to fabrication.

TERMS

Outstanding balances not paid within 30 days of statement are subject to a delinquency charge of 2% per month. Balances not paid within 30 days of statement period are subject to C.O.D. The dentist will be responsible for the collection costs including attorney's fees incurred in the event the account collection becomes necessary.

LABORATORY CHECKLIST

0	Shade or Preparations (Stump Shade)	\bigcirc	Length of Centrals to Soft Tissue
\bigcirc	Smile Design	\bigcirc	Bite Registrtion with Stick
\bigcirc	Bite Registration without Stick	\bigcirc	Shade of all Teeth
0	Opposing Model	\bigcirc	Working Impressions
\bigcirc	Slides or Prints	\bigcirc	Incisal Matrix
0	Arrival/	\bigcirc	

OUR GUARANTEE TO YOU

At Costa Aesthetics Laboratory, every order receives our unconditional guarantee to be the finest quality, made to your specifications as noted on the Rx and to fit your working model. For remakes send back the original models and restorations so that we may evaluate the case. All returned cases will be remade at no cost or full credit will be issued upon review of all instructions.

We offer a 5 - year warranty against failure due to materials and workmanship on porcelain to metal restorations unless otherwise noted.

We offer a 2 - year warranty against failure due to materials and workmanship on all ceramic and ceromer composite (porcelain) restorations unless otherwise noted.

Guarantee void if a Problem Solver Card has been issued and the laboratory is directed to continue against its discretion.

Rush cases are available with prior telephone approval. For those clients not in our pick up/delivery area, we provide prepaid labels and shipping.

R _X INSTRUCTIONS (CONT.)							
	DNT.)						