Juniper Hills
DENTAL STUDIO

Today's Date	Expected Return (Due Date)
Doctor	Phone# (if not on file)

Patient Name | Age | ☐ F ☐ M

Tooth #s

Anterior

- Emax **A**
- Zirconia **A**

Posterior

- Emax **A**
- Zirconia **A**

Diagnostic **B**

Implant **C**

Other (explain)

Notes

Dr Signature | License #

Fold

Enclosures *check all that apply*

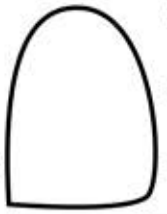
	Will Ship	Will Upload
Upper Impression/Scan	☐	☐
Lower Impression/Scan	☐	☐
Bite Reg's/ Bite Scan	☐	☐
Models	☐	☐
Photos	☐	☐

Other: Explain

A Final Shade

Desired Shade Outcome

- ☐ Match/ Blend to adjacent teeth
- ☐ Match prior restorations
- ☐ Match specific shade w/o regard to other teeth



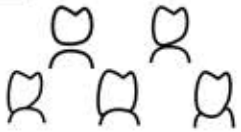
AC Stump

A Anterior Effect & Contour

☐ Match/Blend to adjacent teeth

Incisal Translucency	Surface Texture	Contour Temps To Final	Embrasures
☐ Min	☐ Smooth	☐ No Change	☐ Closed
☐ Moderate	☐ Light	☐ Slightly Imrove	☐ Moderate
☐ Max	☐ Moderate	☐ Significant Improve	☐ Open
	☐ Heavy		

A Pontic



Tissue Pressure_____mm

AB Vertical Dimension

Open_____mm@pin

Close_____mm@pin

Match VDO established by

- ☐ Existing CO
- ☐ Bite Registration
- ☐ Temps

C Implant Info

Write brand, platform, size in Notes.

B Diagnostic

Gingivectomy Tooth #'s

Facial Position

- ☐ Increase Contour
- ☐ Reduce Contour
- ☐ Procline
- ☐ Recline
- ☐ Maintain

Centrals Length

- ☐ Increase
- ☐ Reduce

_____ mm

Tooth Form

- ☐ Tapered
- ☐ Square
- ☐ Ovoid

Embrasures

- ☐ Closed
- ☐ Moderate
- ☐ Open

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