



# PERFECT SMILE

DENTAL CERAMICS

4710 Ruffner Street / San Diego, CA 92111  
P: 858.467.9449 / 877.SAY.LAVA / F: 858.467.9019 / www.sandiegodentallab.com

Prep Date \_\_\_\_\_ -Deliver case by 5 PM on \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Patient: Last Name \_\_\_\_\_  
Patient: First Name \_\_\_\_\_

Male  Female Age \_\_\_\_\_  
 Die Trim  Metal Try In  Bisque Bake  Finish

**Enclosed With Case**  
 Impression  Model Temp  
 Model  Pre-op Model  
 Bite  Photo  
 Opposing  Other

### Type of Restoration

- PFM
- LAVA Zirconia
- Empress
- Empress Esthetic
- E.Max
- PrismaTik (Thin Press)
- Sinfony®
- Cristobal
- Captek
- FGC
- Implant Crown

### Type of Metal/ Ceramic Metal

- Bio 2000\*
- Yellow Gold\*
- White Gold\*
- Semi Precious\*
- Titanium
- Non Precious
- Buccal/ Labial Margin**
- Metal/ Porcelain Junction Margin
- Porc. Margin(90°Shoulder Required)
- 360°Porc. Margin(90°Shoulder Required)
- 360°Metal Margin .mm \_\_\_\_\_
- No Metal on Lingual

### Implant Information

- Name of Implant System \_\_\_\_\_
- Cement Retained  Screw Retained
- Single Unit or Splinted
- Implant Diameter \_\_\_\_\_
- Surgical Stent

### Aesthetic Parameters /Diagnostic Wax Up

- Prep Model
- Open Vertical
- Shift Midline
- Shape and Contour
- Match Existing
- Make Ideal
- Smile Guide # \_\_\_\_\_
- Temp Stent  Vacuum
- Type of Future Restoration \_\_\_\_\_

### Duplicate Model

### Incisal Embrasure

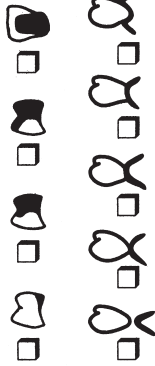
- Rounded
- Square
- Open

### Occlusal Contact

- Out  Light  Contact

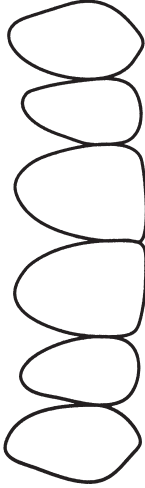
### Proximal Contact

- Out  Light  Contact

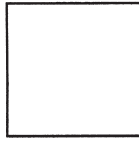


## Shade Information

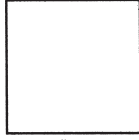
Please provide study models on all anterior teeth.



Desired Shade



Shade of Prep



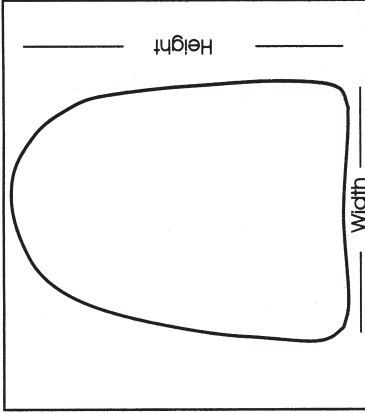
### Type of Shade Guide

- Vita Classic  Chromoscope
- Vita 3D Guide  Bioform
- Other \_\_\_\_\_
- Smile Guide# \_\_\_\_\_

### Purpose of restoration

- Change Shade  Lengthen
- Close Diastema  Correct Alignment
- Tetracycline Stain
- Other \_\_\_\_\_

### Custom Shade



### OFFICE USE ONLY

Case# \_\_\_\_\_

Pan# \_\_\_\_\_

### Surface Characteristics

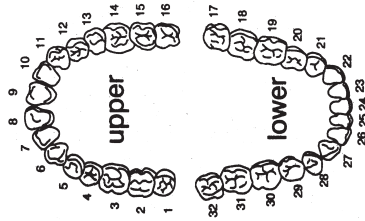
- Smooth  Shiny
- Medium  Medium
- Rough  Polished

### Occlusal Staining

- None
- Light
- Medium
- Heavy



- Lab To Call Front
- Send More Lab Slips



\* Additional fee will be added depending on the market price

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

License No. \_\_\_\_\_

**Terms and Conditions**

By the Dentist submitting this form ("Agreement") to Perfect Smile Dental Ceramics, Inc. (Perfect Smile) the dentist agrees to a contract for the sale and delivery of the specially manufactured goods herein ("Product"). This Agreement is subject to the following terms and conditions.

1. Payment is due in full after receipt of goods. Dentist agrees to pay in full the stated price of product plus any late payment penalties plus all costs of collection, including but not limited to, attorney's fees if any. Dentist further agrees to pay a late penalty of 1.5% per month charged upon unpaid balance. Such late penalty shall commence 30 days after receipt of monthly statement. In the event that any order submitted by Dentist is cancelled for any reason before shipment, Dentist shall pay any loss or damage to Perfect Smile Dental Ceramics, Inc.
2. Dentist has the right to inspect Product prior to acceptance in a reasonable time and reasonable manner. Failure to reasonably notify and return Product within 10 business days after receipt of Product to Perfect Smile shall constitute acceptance. Other forms of acceptance include, but are not limited to, cementing Product in the mouth or requesting a change of shade, preparation, bites or design modification of any sort.
3. Where Dentist rejects nonconforming Product and such nonconformance is the fault of Dentist, Dentist must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time and Dentist bear the burden of all related costs, including but not limited to the costs of Product and shipment. Where Dentist rejects nonconforming Product and such nonconformance is the fault of Perfect Smile, Dentist must give Perfect Smile the opportunity to provide a conforming tender within a reasonable time at the original contract price.
4. Should Perfect Smile Dental fail to provide a conforming Product in a reasonable time, Dentist's remedies are limited to the return of the goods and repayment of the contract price or to repair and replacement of nonconforming Product by Perfect Smile Dental.
5. Where Dentist requests remanufacture of Product, Dentist agrees to resubmit all original goods including but not limited to original impressions, models and restoration(s). Perfect Smile must have original goods to assess possible restoration replacement or repair cost to Dentist and to determine if original Product is repairable or necessitates remanufacture.
6. Dentist must thoroughly and carefully clean all blood and saliva from all materials used in the mouth, and disinfect all of these items before sending to laboratory.

\* Additional fee will be added to those cases depending on the current market price for metal\*

**Time Schedule**  
 10 Business Days

**Rush Schedule**

*All Rush Cases Must be Pre-Approved*

- 6 days rush charge - 25%
- 5 day rush charge - 30%
- 4 day rush charge - 50%
- 24 hour rush - 2.5 x Normal Fee

**Preparation Guidelines for All Ceramic/Composite**

A. 0.7 to 1.0mm labial reduction



**Porcelain Laminate**

- 1.5 - 2.0mm reduction.
- Round all sharp line angles, occlusal edges and eliminate undercuts.
- Proximal and occlusal walls should have 6-8 degrees taper.



**Inlay/Onlay**

Labial  
Lingual = 1.0 - 1.5mm  
Interproximal



**Metal - Free Crown**

**FOR OFFICE USE ONLY**

**PERFECT SMILE DENTAL CERAMICS QUALITY CONTROL CHECK LIST**

DATE	MODEL WORK	NAME
	ARTICULATION	
	DIE TRIM	
	WAX UP	
	METAL FINISH	
	OPAQUE	
	PORCELAIN MARGIN	
	BUILD UP	
	GLAZE	
	POLISH	
	REPAIR	

*Quality Control Check	*Microscope Check
ARTICULATION	
MORPHOLOGY	
OCCLUSION	
CONTACT	
METAL - FIT	
MARGINS	
PORCELAIN MARGIN	
GLAZE	

\*\*\*Signature