



# CASE SUBMISSION FORM

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

Date: \_\_\_\_\_

## DOCTOR & PRACTICE INFORMATION

DOCTOR NAME Dr.	PRACTICE NAME	PHONE
EMAIL	ACCOUNT NUMBER (IF EXISTING)	

## PATIENT INFORMATION

PATIENT LAST NAME	PATIENT FIRST NAME	
PATIENT ID / CHART #	DATE OF BIRTH MM / DD / YYYY	DUE DATE REQUESTED MM / DD / YYYY

## CASE TYPE

- Full-Arch / All-on-X    
  Implant Crown & Bridge    
  CAD/CAM Crown & Bridge    
  Removable / Overdenture  
 Cast Partial    
  Full Denture    
  Other

## TOOTH / ARCH INFORMATION

TOOTH NUMBER(S) / ARCH e.g. #3, #14, Full Upper	IMPLANT SYSTEM / PLATFORM e.g. Nobel Biocare RP 4.3mm	
ABUTMENT TYPE e.g. Ti-base, Custom, Stock	SCREW ACCESS Screw-retained / Cement-retained	OPPOSING Natural / Denture / Implant

## MATERIAL & SHADE

RESTORATION MATERIAL e.g. Full-contour Zirconia, PFM, Acrylic	SHADE / GUIDE e.g. A2 Vita Classical	STUMP SHADE
GINGIVAL SHADE (REMOVABLE)	SPECIAL CHARACTERIZATION NOTES	

## ENCLOSURES / SUBMISSION METHOD

- Digital Scan (.STL)    
  PVS Impression    
  Stone Model    
  Bite Registration  
 Opposing Model/Scan    
  Photos Enclosed    
  Existing Appliance    
  Wax Rim

## SPECIAL INSTRUCTIONS / NOTES