

PFM - CROWNS

- Type** **Mtl Type**
- CERA-PLUS™ (HN) WHITE GOLD (Au 51%)
 CERA-TECH™ (economy) (HN) WHITE GOLD (Au 40%)
 IMPLANT (N) Noble (Au 2%, Pd 76%)
 (NP) Non-Precious (CrCo)

ALL-CERAMIC

- Type** Crown/Onlay Inlay Veneer
- * CERA-MAX™ (FCZirc) CERA-MAX™ ANTERIOR (FCZirc)
 BRUXZIR® BRUXZIR-ANTERIOR® (FCZirc)
 E.MAX® (FC) E.MAX® (Layered Incisal)
 PORC. FUSED to ZIRC Crown (PFZ) REFRACTORY

CAST GOLD

- Type** **Metal Type (HN)**
- CROWN / ONLAY * YELLOW GOLD (Au 74%)
 INLAY YELLOW INLAY GOLD (Au 77%)
 ECONOMY GOLD (Au 55%)
- Gold Occlusal Polish Instructions**
- HIGH SHINE Occl. * SATIN FINISH Occl. (Glass Beaded)

POLYMER & CERAMIC POLYMER


- Crown/Onlay Inlay Veneer
- Type** **Long-term Provisionals**
- SINFONY * PMMA Acrylic Temp (HS)
 VITA ENAMIC™ INSTA-TEMP® MAX

DIAGNOSTIC WAX

- DIAGNOSTIC WAX-UP > * White wax Beige wax
 SPLIT PUTTY MATRIX PREP GUIDE VACUUM FORM STENT
 PUTTY/WASH MATRIX MOLD for creat'g detailed provisionals

OCCLUSAL STAINING

- CHARACTERIZATION** **CHROMA** **VALUE**
- * DELICATE/young LOW LOW NONE
 MEDIUM/mid-age * MEDIUM * MEDIUM * LIGHT
 VIGOROUS/elderly HIGH HIGH MEDIUM
 HEAVY

 DIGITAL PHOTOS may be sent to: cdt@killiandental.com
 (Please include doctor & patient name in email subject line.)
 Also, we accept Clearmatch and X-rite images.



 PLEASE SEND PREOP AND POSTOP STUDY MODELS for all work involving anterior teeth.

Killian

DENTAL LABORATORY

Killian Dental Ceramics, Inc.
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 email: CDT@KillianDental.com • www.KillianDental.com

DOCTOR _____

PATIENT _____ M F AGE _____
PLEASE PRINT

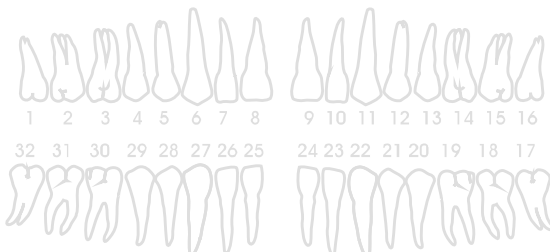
DATE PREPARED _____ APPOINTMENT DATE _____

DATE DUE - deliver by 5:00 p.m. on: _____

INSTRUCTIONS*

* Standard Options will be used, unless instructed otherwise.

- FINISHED SHADE** _____ **PREP. STUMP COLOR** _____
 (Crown, Restoration) (Prep Stump Color is required for all-ceramic restorations, because the underlying preparation color affects the final shade of all-ceramic restorations.)
- METAL TRY-IN
 BISQUE TRY-IN
 FINISH




Please indicate future restorations

By signing below, you acknowledge that this order, including the terms on its reverse side, represents the full and complete agreement between you and Killian Dental Ceramics, Inc. with respect to the products ordered herein.

DR. SIGNATURE (required) _____ DR. LIC# _____ DATE _____

SEE CHECKLIST ON BACK SIDE

 PRIOR TO IMPRESSIONING
 please polish rough proximal contacts.

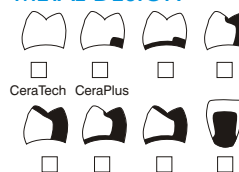
PROXIMAL CONTACTS OCCLUSAL CONTACTS

- LIGHT LIGHT - 0.3 mm SUB
 * MEDIUM * MEDIUM 0.1 mm SUB
 HEAVY- Scrape Cast HEAVY- Thin mylar pulls thru w light drag
 EXTRA HEAVY- Touching opposing model

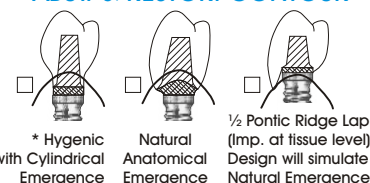
IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSAL Is this preference YES
 REDUCTION COPING for all your cases? NO
 ADJUST OPPOSING
 CALL ME (Do not proceed until we talk)

METAL DESIGN



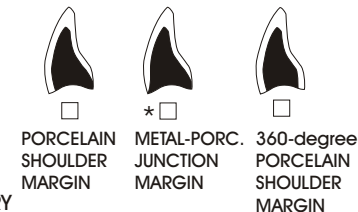
ABUT. & RESTOR. CONTOUR



TEXTURE

- * HIGH GLAZE
 NATURAL GLAZE
 COPY NATURAL TEETH

MARGIN DESIGN



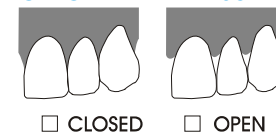
CONTOUR

- * IDEAL
 ROTATED
 OVERLAPPED
 CROSS-ARCH SYMMETRY
 CLOSE DIASTEMA

PONTICS



GINGIVAL EMBRASURES



EDENTULOUS RIDGE SCRAPE CAST

- NONE
 * LIGHT 0.2 mm
 MEDIUM 0.5 mm
 HEAVY (Extraction) _____ mm

OCCLUSAL TABLE BUCCAL-LINGUAL WIDTH

- * NORMAL - Natural
 NARROW - 3/4 width