

## PFM - CROWNS

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

- CHARACTERIZATION** **CHROMA** **VALUE** **OCCUSAL STAINING**  
 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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 www.KillianDental.com

DOCTOR \_\_\_\_\_

PATIENT \_\_\_\_\_ M F AGE \_\_\_\_\_  
PLEASE PRINT

DATE PREPARED \_\_\_\_\_ APPOINTMENT DATE \_\_\_\_\_

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

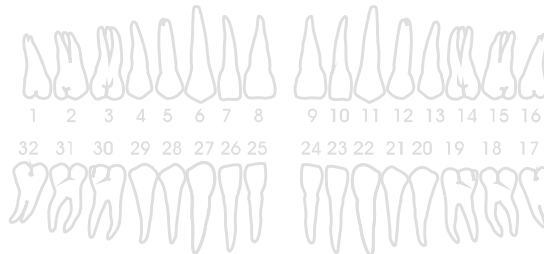
## INSTRUCTIONS\*

\* Standard Options will be used, unless instructed otherwise.

FINISHED SHADE \_\_\_\_\_  
 (Crown, Restoration)

- METAL TRY-IN  
 BISQUE TRY-IN  
 FINISH

PREP STUMP COLOR \_\_\_\_\_  
 (Prep Stump Color is required for all-ceramic restorations, because the underlying preparation color affects the final shade of all-ceramic restorations.)




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

- LIGHT  
 MEDIUM  
 HEAVY- Scrape Cast

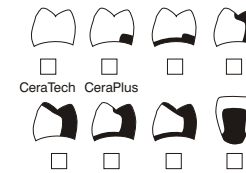
## OCCUSAL CONTACTS

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

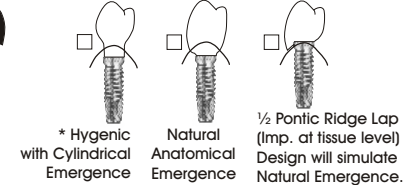
## IF NO OCCUSAL CLEARANCE

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

## METAL DESIGN



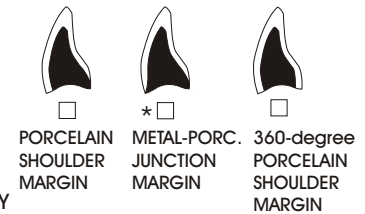
## ABUT. & RESTOR. CONTOUR



## TEXTURE

- HIGH GLAZE  
 NATURAL GLAZE  
 COPY NATURAL TEETH

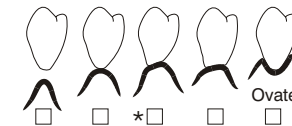
## MARGIN DESIGN



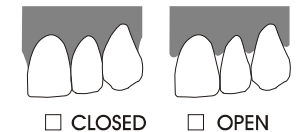
## CONTOUR

- 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

## OCCUSAL TABLE BUCCAL-LINGUAL WIDTH

- NORMAL - Natural  
 NARROW - 3/4 width