

**PARAGON ESTHETICS**  
 3621 NW 63RD STREET  
 OKLAHOMA CITY, OK 73116  
 TELEPHONE (405) 843-4339

Doctor \_\_\_\_\_

Patient \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone \_\_\_\_\_

Try In Date: \_\_\_\_\_

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

Please send:

- RX Forms                       Mailing Boxes                       Other \_\_\_\_\_

**PARTIALS AND DENTURES (Please ✓)**

**CASE DESIGN**

- Full Upper                       Partial Upper  
 Full Lower                       Partial Lower  
 Cusil Denture                       Jump Denture  
 Other \_\_\_\_\_

- Reline                       Repair  
 Custom Tray                       Surgical Tray  
 Bite Block                       Post Dam  
 Relief                       Altered Cast

- Please exclude identification  
 Please mark denture for ID purposes as:  
 \_\_\_\_\_

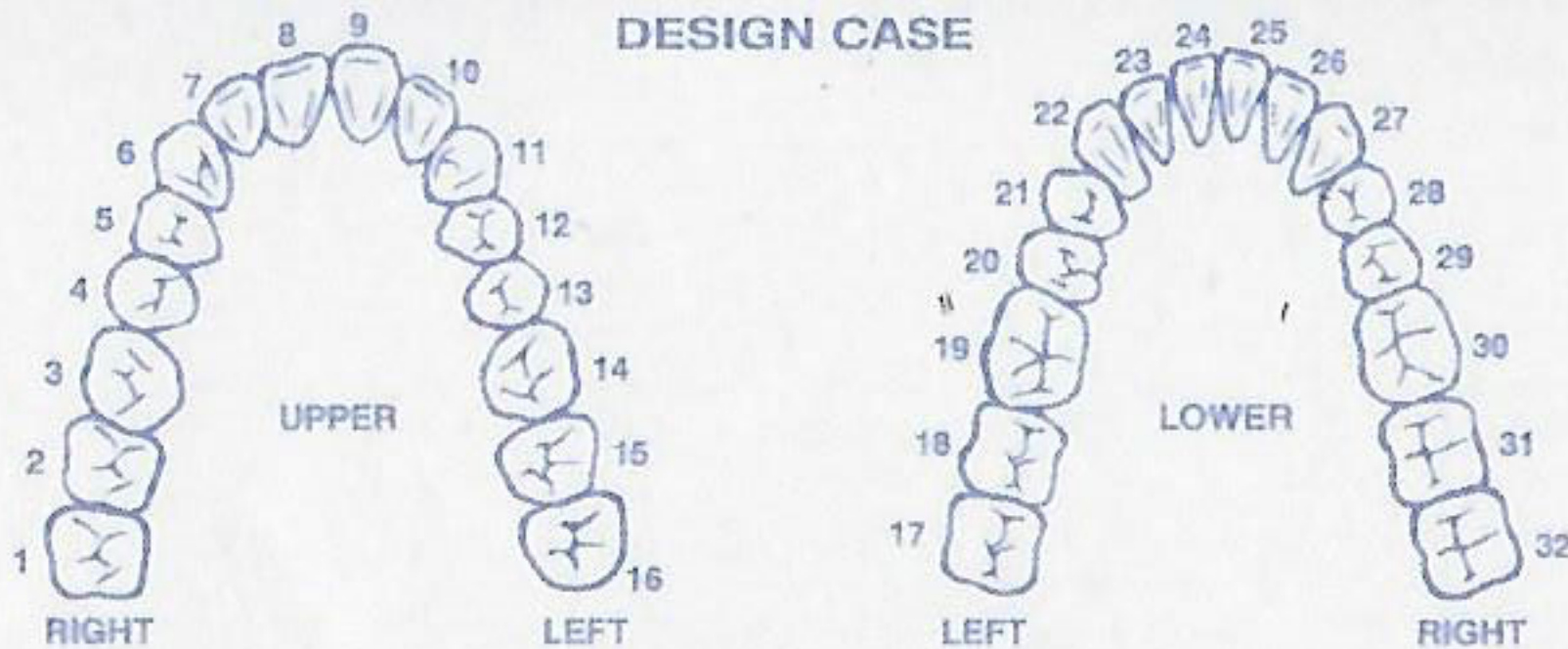
**FACIAL CHARACTERISTICS**

- Square                       Dominant rt side  
 Square Tapering                       Dominant lft side  
 Tapering                       Diastema  
 Ovoid

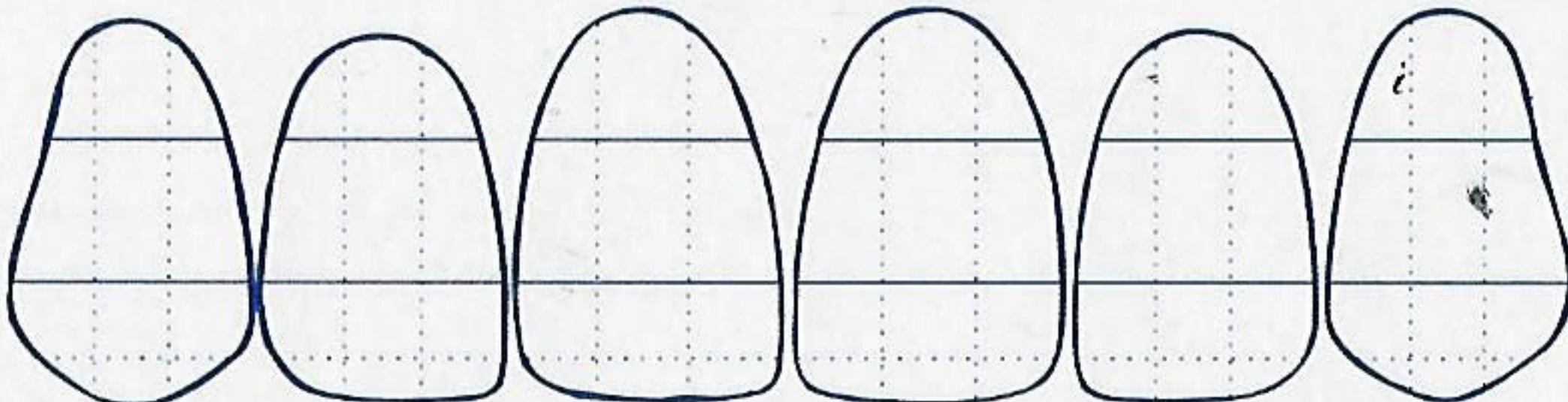
**MATERIALS**

- Anterior Teeth:                       Porc                       Plastic  
 Shade \_\_\_\_\_ Mold \_\_\_\_\_  
 Posterior Teeth:                       Porc                       Plastic  
 Shade \_\_\_\_\_ Mold \_\_\_\_\_  
 Economy Acrylic                       Cast Chrome  
 Regular Acrylic                       Temporary  
 Personalized Acrylic                       Flipper  
 Vinyl \_\_\_\_\_ Soft liner \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS**



**CHARACTERIZATION**



# CROWN AND BRIDGE (Please ✓)

## MATERIALS

- Porcelain to Metal
  - High Noble (yellow)
  - Noble (white)
  - Base - N.P.
- All Porcelain
- Composite
- Other \_\_\_\_\_

- All Metal
  - High Noble (yellow)
  - Noble (yellow)
  - Economy (yellow)
  - Noble (white)
  - Base - N.P. (yellow)
  - Base - N.P. (white)

## CASE DESIGN

- Full Crown
- 3/4 Crown
- Inlay
- Onlay
- Facing
- Porc Butt Margin
- Other \_\_\_\_\_
- \_\_\_\_\_

- |   |   |   |   |   |
|---|---|---|---|---|
|  |  |  |  |  |
| <input type="checkbox"/> Full Ridge   | <input type="checkbox"/> Partial Ridge  | <input type="checkbox"/> No Ridge   | <input type="checkbox"/> Point Contact  | <input type="checkbox"/> No Contact   |

- Ridge Relief:  None  Slight
- Medium  Heavy

- Contact  Mesial  Distal
- No Contact  Mesial  Distal

- Occlusal tight:  Yes  No
- OK to trim?  Yes  No

## METAL DESIGN (Please ✓)



## ADDITIONAL INSTRUCTIONS

**DOCTOR PLEASE RETAIN DUPLICATE COPY**

Signature \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

*Thank You!*

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