SHINELLI®

digital art

SHINELLI*signature*

Rx Date _____ Due Date _____

By 5:00 PM

Practice / Dr. Name _____ Patient Name _____

Age _____ M / F

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

☐ *scan file* ☐ *photo* ☐ *try - in* ☐ *adjustment* ☐ ***CALL***

PROSTHESIS

PROVISIONAL (long term) ANAXDENT

Full Acrylic
Metal Reinforcement
Fiber Reinforcement

ZIRCONIA frame

Full Contour (gingiva layering)
Facial Cutback (gingiva & facial layering)
Individual Crowns

PEKTTON frame

MILLED BAR (titanium) over DENTURE

IMPLANT

all FDA approved parts used

Screw Retained
Cement Retained
on Ti-Base
Custom Abutment
Provided Abutment

ABUTMENT

Custom Titanium
Custom Zirconia
Custom Angled Titanium
Custom Angled Multi
Custom Angle Locator
Dynamic Ti-Base (angled channel)
Cad Abutment (design only)

DIGITAL

MODELESS
KATANA™
KATANA™ Anterior
KATANA on (ti-base / custom)
e.max CAD
e.max CAD Anterior
e.max CAD on (ti-base / custom)
Full Gold (58%)
PMMA (tooth / implant)
Digital Wax Up
Print Model
(die model / implant model)
(quadrant / full arch)
abutment die / dim ( )
Surgical Guide

ZIRCONIA

KATANA™ (multi layered)
KATANA™ Anterior
Full Layering
Facial Cutback Layering

METAL

*Cad/Cam Full Gold (58%) **
*Cad/Cam PFM **

IPS e.max

e.max CAD
e.max CAD Anterior
Full Layering
Facial Cutback Layering

FELDSPATHIC

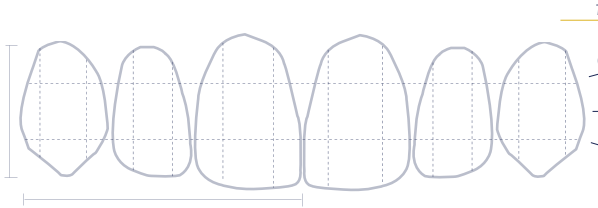
Feldspathic Veneer
Prepless Veneer

metal design

show no metal 360
por-margin (180 / 360)
metal collar (lingual / 360)

Occlusion Design

Pontic Design



Stump Shade

OCCLUSION CONTACT *(Mylar) Shimstock Hold ( ), Through ( )*

SURFACE TEXTURE *(match teeth* / smooth / moderate)*

OCCLUSION STAIN *(none* / pits / pits & grooves)*

PROXIMAL CONTACT *(light* / medium / heavy)*

INCISAL DESIGN *(blend* / distinct / max. trans)*

SIGNATURE OF DENTIST

DENTIST LICENSE NUMBER

Seattle 425.786.3308 | *Los Angeles* 213.263.2227

SHINELLILAB.COM