



MEDALLION
A DENTAL LABORATORY

Medallion Dental Laboratory

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FORM AND FUNCTION WORKSHEET

This sheet must be completed for multiple upper or lower anterior cases or full arch reconstructions.

Dr. _____ Date _____

Patient _____

Length follow: Diagnostic model Provisional model Pre-op model

Shape follow: Diagnostic model Provisional model
 Pre-op model Photo

1. Ovoid Pontics Yes No

2. Pink Tissue Yes Tooth# _____

3. If reconstructing lower anteriors, do you want them straight or rotated?

4. Opening or closing bite? _____ mm _____

5. Are you restoring opposing in near future? Yes Date _____

6. Is patient satisfied with provisionals? _____

Patient would like these changes (please be specific): _____

OTHER INSTRUCTIONS:

VISUAL CHARACTERISTICS WORKSHEET

1. Choose basic shade

2. Add any of the following characterizations

(Photos are encouraged to translate characterization and shade)

1. Hypo calcification _____ 11. Occlusal mottling _____

2. Amalgam stain _____ 12. Root shade _____

3. Check-graze line _____ 13. Surface texture _____

4. Incisal translucency _____ 14. Surface sheen-luster _____

5. Halo effect _____ 15. Other (be specific:) _____

6. Line angle translucency _____

7. Cervical stain _____

8. Interproximal stain _____ 16. Specific character in incisal

9. Occlusal anatomy _____ one-third _____

10. Occlusal stain _____

DIAGRAM IF NEEDED

