Crown and Bridge Rx

REQUIRED INFORMATION

Dr. _____

Practice: _____

Office Location: _____

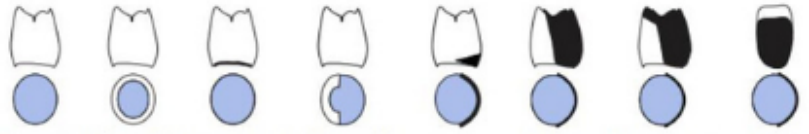
Email: _____

Patient: _____ ☐ M ☐ F Age: ____

Rx Date: _____ Delivery by 5:00pm on: _____

(standard working time if no date given)

MARGIN DESIGN



No metal showing	All porcelain shoulder 360°	Metal collar 360°	Facial porcelain shoulder 180°	Lingual metal collar *(traditional)**	Metal occlusal	Metal occlusal including buccal cusp	Metal Lingual
☐	☐	☐	☐	☐	☐	☐	☐

**Standard design if an option is not selected.*

CASE INSTRUCTIONS

Tooth numbers

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

Restoration ☐ Crown ☐ Veneer ☐ Implant ☐ Bridge ☐ Inlay/Onlay ☐ Post & core

PFM
- ☐ Non-precious
- ☐ Semi-precious
- ☐ High Noble White
- ☐ High Noble Yellow

Full Cast
- ☐ Non-precious
- ☐ Semi-precious
- ☐ Yellow HN gold
- ☐ Yellow noble (2% AU)

All CeramicS
- ☐ IPS e.max® Press
- ☐ Layered Zirconia
- ☐ Full Contour Zirconia
- ☐ Full Contour Zirconia with facial cutback

Return for

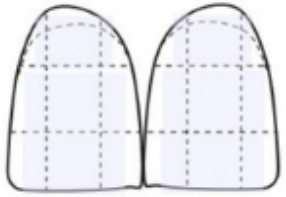
☐ Die trim ☐ Metal try-in ☐ Bisque ☐ Finish

CROWN DESIGN

Die spacer

2 / 3 / 4 layers

Characterizations



Shade _____

Stump _____

Occlusal staining ☐ Light ☐ Medium ☐ Dark

Pontic Design

Sanitary	Conical	Bullet (ovate)	Modified Ridge Lap	Ridge Lap
☐	☐	☐	☐	☐

If insufficient room

☐ Trim opposing ☐ Reduction coping ☐ Metal occlusal ☐ Metal island

Occlusal clearance
- ☐ Light
- ☐ Open
- ☐ Tight

Contact
- ☐ Light
- ☐ Medium
- ☐ Heavy
- ☐ Wide/broad

SPECIFIC INSTRUCTION

_____

_____

_____

_____

Dentist Signature _____

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