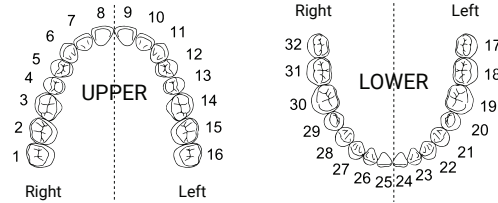


Dr.(PLEASE PRINT CLEARLY) \_\_\_\_\_

Phone( ) \_\_\_\_\_

Patient(Last) \_\_\_\_\_ (First) \_\_\_\_\_



Abutment Draft Angle	
Single	3°
Standard 1-2 units	4°
3 units	6°
Custom	

**Restoration Type**

Single

Splinted Crown

Bridge

**Restoration Material**

E.Max

Bruxzir

PFZ (Porcelain Fused To Zirconia)

PFM (Porcelain Fused To Metal)

Shoulder Width	
Gold Crown	0.5mm
Porcelain	0.5-1mm
Zirconia	0.5-1mm
Custom	

**Abutment Margin Depth**

Facial \_\_\_\_\_ Mesial \_\_\_\_\_

Lingual \_\_\_\_\_ Distal \_\_\_\_\_

Margin Type		0.2mm
Sub		0.5mm
EQ		1.0mm
Supra		1.5mm
		2.0mm

**Shade Instructions** Indicate the types of characterizations desired:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Shade Instrcutions**

Vita-Lumin: \_\_\_\_\_ Vita-3D: \_\_\_\_\_

Chromoscope: \_\_\_\_\_ Sex: \_\_\_\_\_

Noritake: \_\_\_\_\_ Other: \_\_\_\_\_

**If no occlusal clearance**

Reduction Coping

Metal Occlusion

Spot Opposing

Make Permanent Note

**Abutment Emergence Profile**

Surgical Placement  Tissue Displacement  No Tissue Displacement

**PFM**

Fused to Non-Precious

Fused to Semi-Precious

Fused to White High Noble

Fused to Yellow High Noble

**Pontic Design**

Sanitary Full Ridge Lap Modified Ridge Lap\* Bullet Ovate



**\*SPECIFIC INSTRUCTIONS\***

TERMS: Customer agrees to company policy as stated on the back of this Rx.

D.D.S. License #: \_\_\_\_\_ Date Due In Office \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send the following**

RX forms

Boxes

Mailing Labels

Bags

**LAB USE ONLY**  
 Special enclosures

Photo (s) \_\_\_\_\_ Models \_\_\_\_\_

Shade Tab \_\_\_\_\_ Bite \_\_\_\_\_

Analog \_\_\_\_\_ Impression \_\_\_\_\_

Implant Parts \_\_\_\_\_ Other \_\_\_\_\_