

Patient: _____ Sex: M F Age/DOB : _____

Dentist : _____ Office/Address: _____

CROWN/BRIDGE RX

(circle one)
Crown **Bridge**
Tooth #s _____
Incisal Shade _____
Body Shade _____
Cervical Shade _____

Metal Try-in? Yes No
Bisque Bake? Yes No

Occlusal Staining
 Light Dark
 Medium None
 Bisque Bake





Contact Style
 Light Normal/Point
 Heavy Narrow
 Broad Heavy/Broad

Occlusal Clearance
 In Occlusion
 Light Occlusion
 Out of Occlusion
 Die Spacer on Opposing
 Metal Occlusion
 Foil on Opposing

If no Occlusal Clearance
 Use Dentalle's Discretion
 Lab should contact us
 Reduction coping
 Mark/reduce opposing
 Place metal island

Restoration Type

<u> </u> PFM Non-precious	<u> </u> Gold In/Onlay- Noble
<u> </u> PFM Tilitte	<u> </u> Gold In/Onlay - High Noble
<u> </u> PFM Noble	<u> </u> e.max Pressed
<u> </u> PFM Precious/High Noble	<u> </u> e.max Pressed in/onlay
<u> </u> PFM 75% Yellow Gold	<u> </u> e.max Veneer Stump shade
<u> </u> Capttek	<u> </u> Porcelain Fused to Zirconia
<u> </u> Maryland Bridge (non-precious)	<u> </u> Zirconia- Coping Only
<u> </u> Full Cast Non-precious	<u> </u> Buildup onto Metal coping
<u> </u> Full Cast Noble (yellow)	<u> </u> Buildup onto Zirconia coping
<u> </u> Full Cast Noble (white)	<u> </u> Full Contour Zirconia
<u> </u> Full Cast High Noble (yellow)	<u> </u> Temporary Resin Crown
	<u> </u> Diagnostic Wax Up




Pontic Design use for Bridges only
 Mod. Ridge Lap  Ridge Lap  Sanitary  Bullet 
 None Other (see special instructions)

Metal Design

 Traditional PFM w/ lingual band
 Facial Butt Shoulder w/ lingual band
 Facial Butt Shoulder no lingual band
 All porcelain butt shoulder 360
 Metal Band 360
 Show no metal

Post/Core? optional
 None
 Integrated post+ crown
 Separate post+ crown
 Post only (no crown)

Coping Design

 Metal Lingual Coverage 
 Metal Occl no Buccal Cusp 
 Metal Occl w/ Buccal Cusp 
 Removal Button
 Other (use special instructions)

Crown Over Implant?
optional
 Yes No

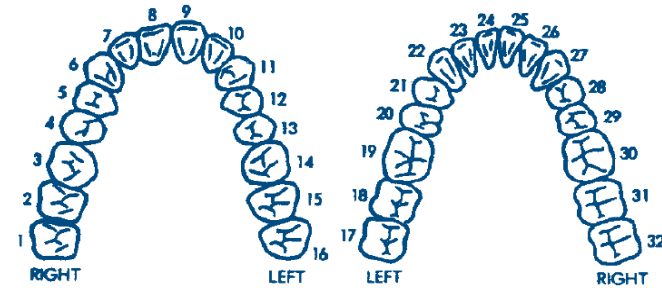
Metal Rests/Guide Planes? optional List the tooth numbers for each

Cingulum Rest _____	Mesial Guide plane _____
Mesial Rest _____	Distal Guide plane _____
Distal Rest _____	Lingual Ledge _____

PARTIAL DENTURE RX

Units
 Upper Lower Both Upper & Lower

Design Information
 Lab should design Use design specified



Restoration Type

<u> </u> Cast Metal Partial Frame I- Nobilstar	<u> </u> Cast Metal Partial Frame II- ULTRA
<u> </u> Valplast Processing (on your setup)	<u> </u> Acrylic Processing (on your setup)
<u> </u> Complete Valplast Partial w/ teeth	<u> </u> Complete Acrylic Partial w/ teeth
<u> </u> Complete Valplast Partial w/ Frame I & teeth	<u> </u> Complete Acrylic Partial w/ Frame I & teeth
<u> </u> Complete Valplast Partial w/ Frame II & teeth	<u> </u> Complete Acrylic Partial w/ Frame II & teeth

Valplast Shade select one if applicable
 Standard Pink Light Pink
 Meharry Light Meharry

Acrylic Shade select one if applicable
 Standard Pink
 Dark Pink

Tooth Shade (circle one) Use for Complete Partials and Wax Setup option only
A1 A2 A3 A3.5 A4 B1 B2 B3 B4 C1 C2 C3 C4 D1 D2 D3

Optional Requests Additional fees will apply

Add Valplast Clasps? Yes Add Bite Block? Yes
Send duplicate model? Yes Add Wax Setup w/ teeth? Yes circle tooth shade above

Additional Items Sent?
 Add'l Impression Bite Registration Study Model Opposing Model Existing Partial Denture
 Other Please specify _____

Special Instructions Only use this space if there are specific instructions that need to be followed. There is no need to duplicate any information already filled out in the above sections.

Prescription Authorizing Signature _____ Date _____