

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




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

Restoration Type

<u> </u> PFM Non-precious	<u> </u> Gold In/Onlay - High Noble
<u> </u> PFM Tiltite	<u> </u> e.max Pressed
<u> </u> PFM Noble	<u> </u> e.max Pressed in/onlay
<u> </u> PFM Precious/High Noble	<u> </u> e.max Veneer <i>Stump shade</i>
<u> </u> PFM 75% Yellow Gold	<u> </u> Porcelain Fused to Zirconia
<u> </u> Capttek	<u> </u> Zirconia- Coping Only
<u> </u> Maryland Bridge (non-precious)	<u> </u> Buildup onto <i>Metal</i> coping
<u> </u> Full Cast Non-precious	<u> </u> Buildup onto <i>Zirconia</i> coping
<u> </u> Full Cast Noble (yellow)	<u> </u> Full Contour Zirconia
<u> </u> Full Cast Noble (white)	<u> </u> Aesthetic FC Zirconia
<u> </u> Full Cast High Noble (yellow)	<u> </u> Noritake Multi-layer FC Zirc
<u> </u> Gold In/Onlay- Noble	<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/ *ling. band*
 Facial Butt Shoulder *no ling. band*
 All porcelain butt shoulder 360
 Metal Band 360
 Show no metal

Coping Design
 Metal Lingual Coverage 
 Metal Occ **no** Buccal Cusp 
 Metal Occ w/ Buccal Cusp 
 Removal Button
 Other (use special instructions)

Metal Rests/Guide Planes?
optional
List the tooth #s for each
Cingulum Rest _____
Mesial Rest _____
Distal Rest _____
Mesial Guide Planes _____
Distal Guide Planes _____
Lingual Ledge _____

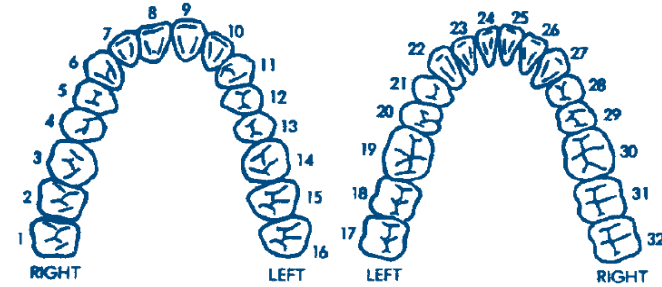
IMPLANTS & CUSTOM ABUTMENTS

Crown Over Implant?
optional Yes No
Implant Materials Being Sent:
 Impression Post
 Impression Coping
 Implant Abutment
 Abutment Implant Replica

Custom Zirconia Abutment?
 NobelActive 3.5NP
 NobelActive 4.3/5.0
 NobelReplace Select 3.5NP
 NobelReplace Select 4.3RP
 NobelReplace Select 5.0WP
 NobelReplace Select 6
 NobelBranemark 3.5
 NobelBranemark 4.1
 NobelBranemark 5.1
 Zimmer Tapered Screw Vent 3.5
 Zimmer Tapered Screw Vent 4.5
 Zimmer Tapered Screw Vent 5.7

PARTIAL DENTURE/NIGHT GUARD RX

Units
 Upper Lower Both Upper & Lower **Design Information**
 Lab should design Use design specified



Restoration Type
 Cast Metal Partial **Frame I- Nobilstar** Cast Metal Partial **Frame II- ULTRA**
 Valplast Processing (on your setup) Acrylic Processing (on your setup)
 Complete Valplast Partial w/ teeth Complete Acrylic Partial w/ teeth
 Complete Valplast Partial w/ Frame I & teeth Complete Acrylic Partial w/ Frame I & teeth
 Complete Valplast Partial w/ Frame II & teeth Complete Acrylic Partial w/ Frame II & teeth
 Night Guard *select one* → Hard Soft Soft/Hard

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

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 other sections.*