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REQUIRED INFORMATION

Doctor Name _____
First Last

Patient Name _____

Address _____

Phone _____

E-mail _____

Patient Chart # _____ M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____
(standard working time if no date given)

CASE INSTRUCTIONS

Tooth Numbers Please circle single units and bracket splinted units.

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

Metal

- Non-precious
- Yellow HN
- FGC Crown

All-Ceramic

- e.max Full Crown
- e.max Layered

Zirconia

- Bruxer(Nacera) Solid
- Zir-Max
- Noritake Layered

Other

- Sculpture Inlay/Onlay
- Temporary (PMMA)

Restoration

- Crown
- Inlay/Onlay
- Post & core
- Bridge
- Veneer
- Implant
- Diagnostic wax-up
- No-prep veneer

Custom Implant

- Titanium Abutment
- Zirconia Abutment

*Standard design if an option is not selected.

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case.

Dentist signature** _____ Dentist license no. _____

LAB USE ONLY

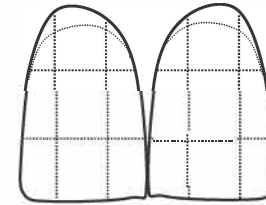
Impression _____ Model _____

Bite _____ Articulator _____ Parts _____

Crown Bridge Other Appliance Enclosed _____

CROWN DESIGN

Characterizations



If Insufficient Room

- Trim opposing*
- Metal occlusal
- Reduction coping
- Metal island

Pontic Design



Shade _____

Stamp Shade _____
(required for Empress/e.max)

Occlusal Clearance

- Light*
- Open
- Tight

Contact

- Light*
- Medium
- Heavy

Rx

Indicate implant system _____

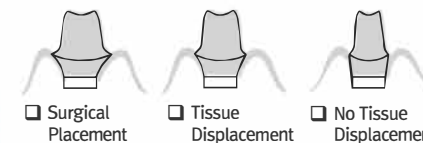
Indicate implant size _____ mm

Please order all implant components for this case

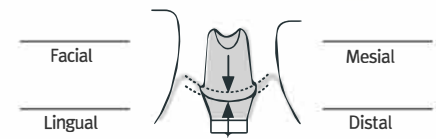
Restoration Type

- Cement Retained Restoration
- Screw Retained Restoration
- Cement Retained Restorations with Access Hole

Abutment Emergence Profile



Abutment Margin Depth



If left blank, default values will be used