

# First Impressions

DENTAL LAB LLC

Quality, Esthetics, & Service Since 1992

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## FIXED RESTORATION Rx\*

Pan # \_\_\_\_\_

Office / Dr. \_\_\_\_\_

Patient Name \_\_\_\_\_

Date Sent \_\_\_\_\_ Due Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

RX MUST BE SIGNED WITH LICENSE NUMBER TO BE VALID.

### TYPE OF RESTORATION

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> PFM           | <input type="checkbox"/> Full Cast     | <input type="checkbox"/> All Ceramic |
| <input type="checkbox"/> Non-Precious  | <input type="checkbox"/> Non-Precious  | <input type="checkbox"/> Emax        |
| <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Zirconia    |
| <input type="checkbox"/> Precious      | <input type="checkbox"/> Precious      |                                      |

### SERVICE DESIRED

- |  |  |
|--|--|
| <input type="checkbox"/> Single Unit Crown | <input type="checkbox"/> Veneer        |
| <input type="checkbox"/> Splinted Crowns   | <input type="checkbox"/> Inlay / Onlay |
| <input type="checkbox"/> Bridge            | <input type="checkbox"/> Post and Core |
| <input type="checkbox"/> Maryland Bridge   | <input type="checkbox"/> Post Crown    |

### METAL DESIGN

- |   |  |
|---|--|
| <input type="checkbox"/> No Metal to Show   | <input type="checkbox"/> Adjust Opposing Tooth               |
| <input type="checkbox"/> Buccal Collar _____  | <input type="checkbox"/> Make Metal Island                   |
| <input type="checkbox"/> Lingual Collar _____   | <input type="checkbox"/> Make Metal Occlusal                 |
| <input type="checkbox"/> Mesial Collar _____  | <input type="checkbox"/> Adjust Prep & Make Reduction Coping |
| <input type="checkbox"/> Distal Collar _____  | <input type="checkbox"/> Contact for Discussion              |
| <input type="checkbox"/> 360° Collar _____  |  |
| <input type="checkbox"/> Metal Occlusal - Posterior                                     |  |
| <input type="checkbox"/> Full <input type="checkbox"/> Excluding Buccal Cusps           |  |
| <input type="checkbox"/> Metal Lingual - Anterior                                       |  |
| <input type="checkbox"/> Full <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/2 |  |

### IF OCCLUSAL SPACE IS NEEDED

### PORCELAIN BUTT MARGIN

- 360°  Buccal Only

### PONTIC DESIGN

- Full Ridge  
 Modify Ridge Lap  
 No Contact  
 Point Contact  
 Pontic in Socket



### OCCLUSAL CONTACT

- 0.5 mm Clearance  
 No Contact  
 Light Contact  
 Full Contact

### INTERPROXIMAL CONTACT

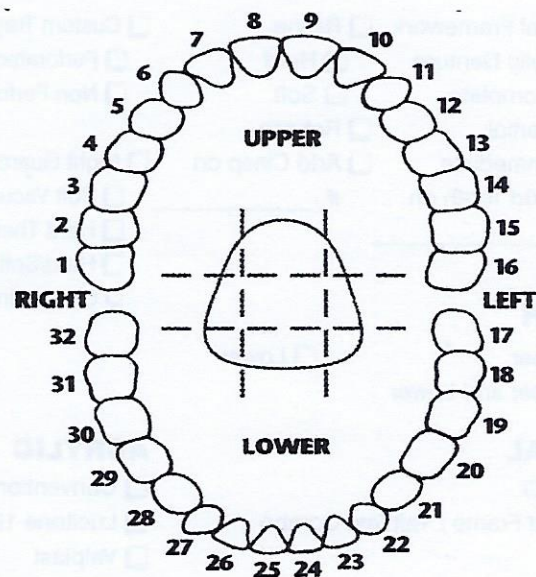
- Light  
 Medium  
 Heavy

### GINGIVAL EMBRASURE

- Close  
 Natural  
 Open

### TOOTH NUMBER, SHADE & STAINING

(Please circle abutments and cross out pontics)



Tooth Number \_\_\_\_\_

Shade \_\_\_\_\_

Occlusal Staining:

- None  Light  Medium  Heavy

Cervical Staining:

- None  Light  Medium  Heavy

### OTHER SPECIAL INSTRUCTIONS

\* Customers standard Protocol is followed unless specified on the case.