

Crown & Bridge Rx

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Rx Date _____ Due Date/Delivery on _____

(standard working time if no date given)

PFM

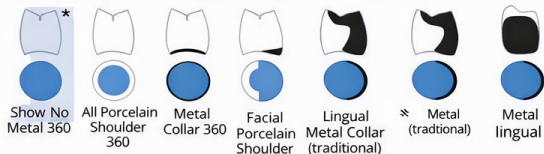
- Porcelain to Non Precious
- Non Precious (nickel free)
- Porcelain to Noble (37.5% silver)
- Porcelain to High Noble (white) 40%
- Porcelain to High Noble (yellow) 40%

Full Cast

- Non Precious
- Noble (Argenco Y) 2%
- Noble (white) 2%
- High Noble (white) 40%
- High Noble (yellow) 40%

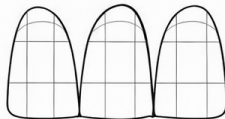
PFM MARGIN DESIGN

Please circle your choice(s) of margin combination for PFM

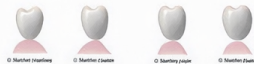


CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade (REQUIRED) _____

Tooth # _____

All Ceramic Crowns

- Empress
- Empress Veneer
- E-Max
- E-Max Veneer
- Layered Zirconia (PFZ)
- Full Zirconia (Bruxer)
- Translucent Zirconia

