Crown & Bridge Rx

LUXURY DENTAL LAB

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

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

Case turnaround times are based on the date the Rx is received. Please allow 10 business days (M-F) from that date and 15 business days for complex cases.

CASE INSTRUCTIONS

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

PFM

- ☐ **White HN***
- ☐ Semi-precious
- ☐ Non-precious
- ☐ Yellow HN (for PFM)

Full Cast

- ☐ Full cast Yellow HN gold
- ☐ Full cast Yellow noble (2% AU)
- ☐ Full cast White HN
- ☐ Full cast Semi-precious
- ☐ Full cast Non precious

Metal-Free

- ☐ Zirconia **Super Trans**
- ☐ *Zirconia High Trans*
- ☐ Zirconia Layered
- ☐ High Translucent (max 3 unit bridge)
- ☐ Solid lingual with porcelain facial
- ☐ IPS e.max® Press (max 3 unit bridge)
- ☐ Lithium Disilicate
- ☐ Composite crown

Other

- ☐ Diagnostic wax-up
- ☐ Clear stent
- ☐ Putty matrix
- ☐ Temporary
- ☐ Temporary w/ metal

Return for

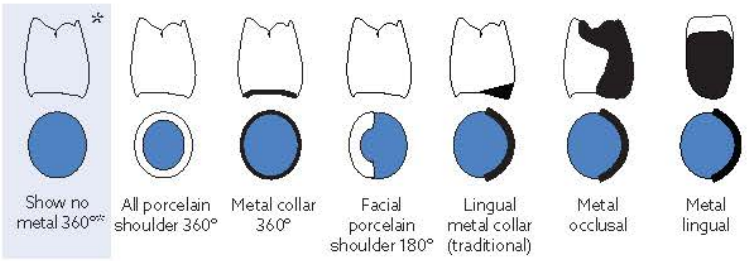
- ☐ **Finish***
- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in

Restoration

- ☐ Crown
- ☐ Bridge
- ☐ No-prep veneer
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant
- ☐ Post & core
- ☐ Diagnostic wax-up
- ☐ Rest seats (specify) _____
- ☐ Crown under partial (specify) _____

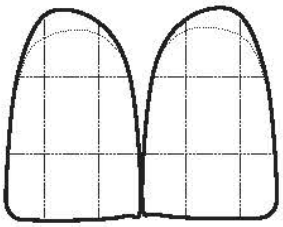
PFM MARGIN DESIGN

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

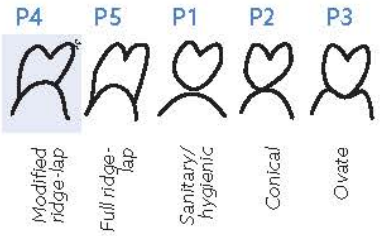


CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade _____ Shade Guide Used _____
(REQUIRED) (vita is default)

Stump Shade _____ Pink Tissue Shade _____
(REQUIRED FOR E.MAX)

If Insufficient Room

- ☐ **Trim opposing***
- ☐ Call to discuss
- ☐ Metal occlusal
- ☐ Reduction coping
  - ☐ **Resin*** ☐ Metal
- ☐ Metal island
- ☐ Trim prep no coping

Occlusal Contact

- ☐ **Light***
- ☐ Open
- ☐ Tight

Interproximal Contact

- ☐ **Light***
- ☐ Medium
- ☐ Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: Www.Luxurydentallab.com

The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by **Luxury Dental Lab in the event the account is sent to collections or litigation.

Dentist signature** _____
(REQUIRED BY LAW)

Dentist license no. _____
(REQUIRED BY LAW)

Standard design if an option is not selected

LUXURY DENTAL LAB

24930 Washington Ave Unit 1158 Murrieta, CA 92564 | (480)-529-5350 | www.Luxurydentallab.com