SAKR DENTAL ARTS
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Crown & Bridge Rx

Rx DATE

DOCTOR'S NAME

OFFICE ADDRESS

OFFICE PHONE #

☐ **RUSH** (Rush Fee may apply)

DUE DATE (FOR DELIVERY BY 5PM) · 10 WEEKDAY MINIMUM

/ / @ : AM PM

PATIENT APPT. DATE

☐ **Adjustment**
☐ **Remake**

PATIENT ID/NAME (FIRST/LAST)

DOCTOR'S SIGNATURE & LICENSE # (REQUIRED)

Restoration

- ☐ Crown
- ☐ Crown Under Partial
- ☐ Bridge
- ☐ Maryland Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Post & Core
- ☐ Diagnostic Wax-Up

Incoming Check List

- ☐ Digital Scan
- ☐ Impression/Master
- ☐ Opposing
- ☐ Bite
- ☐ Photos: _____
- ☐ Study Model(s)
- ☐ Old Prosthesis
- ☐ Face Analyzer Record
- ☐ Diagnostic Wax-Up

Current Bite

- ☐ Class I
- ☐ Class II
- ☐ Class III
- ☐ Edge to Edge
- ☐ Crossbite
- ☐ Open Bite

Material

METAL-FREE:

- ☐ Zirconia (Monolithic)
- ☐ Zirconia (Layered)
- ☐ Lithium Disilicate
- ☐ PMMA (Temporary)

☐ PFM: ☐ FULL CAST:

- ☐ Noble
- ☐ HN White Gold
- ☐ HN Yellow Gold

Design

OCCLUSAL STAIN:

- ☐ None
- ☐ Light
- ☐ Moderate
- ☐ Heavy

ESTHETIC CHARACTERIZATIONS:

- ☐ Hypo-Calcification
- ☐ Craze lines
- ☐ Keep diastema
- ☐ Close diastema

CONTACTS:

	Light	Med.	Heavy
Interproximal			
Occlusal			

PONTIC DESIGN:

☐ ☐ ☐ ☐ ☐

Communication

IF INSUFFICIENT ROOM:

- ☐ Trim opposing & mark
- ☐ Reduction coping
- ☐ Metal Occlusion/ Island
- ☐ Call

RETURN FOR:

- ☐ Finish
- ☐ Die Trim
- ☐ Metal Try-In
- ☐ Check Lab's Articulation/ Die Trim

FUTURE RESTORATIONS:

_____

_____

SCANS SENT:

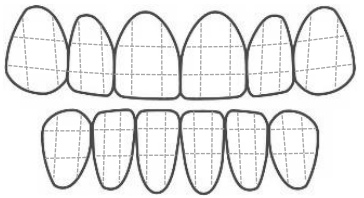
Date: _____

Type: _____

Single Unit: Circle Bridge/Splinted Units: Use Line to Connect Units (Pontics)

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



Shade (Incisal/Body/Cervical)

Crown: _____

Stump/Prep: _____

Gingival: _____

Rx SPECIFIC INSTRUCTIONS:

☐ CONTINUED ON BACK