

# Crown & Bridge Rx

## Laboratory Procedure Prescription

### 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)

Case turnaround times are based on the date the Rx is received by DDL. 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

#### 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 Solid (not recommended for anterior)
- ☐ Zirconia Layered
- ☐ High Translucent (max 3 unit bridge)

- ☐ IPSe.max@Press (max 3 unit bridge)
- ☐ Lithium Disilicate
- ☐ Composite crown

#### Other

- ☐ Diagnostic wax-up
- ☐ Putty matrix
- ☐ Temporary

#### Return for

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

#### Restoration

- ☐ **CROWN**
- ☐ **BRIDGE**

- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant

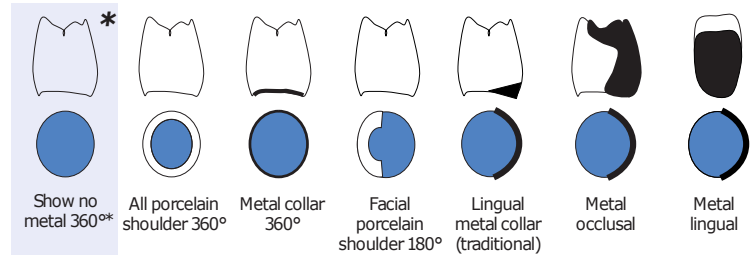
- ☐ Post & core

- ☐ Rest seats (specify) \_\_\_\_\_

- ☐ Crown under partial (specify) \_\_\_\_\_

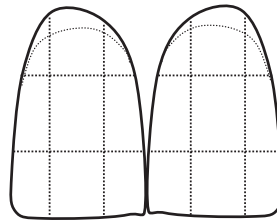
### PFM MARGIN DESIGN

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

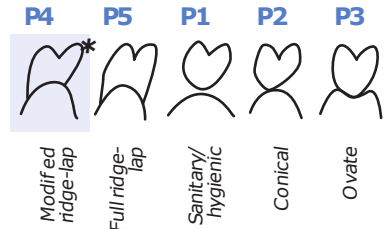


### CROWN DESIGN

#### Characterizations



#### Pontic Design



Tooth Shade \_\_\_\_\_  
(REQUIRED)

Shade Guide Used \_\_\_\_\_  
(vita is default)

Stump 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

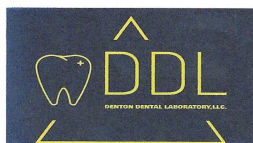
### RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case  
Email photos to: [dentondentallab@gmail.com](mailto:dentondentallab@gmail.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 DDL in the event the account is sent to collections or litigation.

Dentist signature\*\* \_\_\_\_\_  
(REQUIRED BY LAW)

Required By \_\_\_\_\_  
Date: \_\_\_\_\_



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