

DR. _____ DATE _____

ADDRESS _____

Patient _____ Sex : ☐ M ☐ F Age : _____

Due Date : ____ / ____ / ____ * Please make sure that the due date is 1-2days before Pt's appointment date.

Gold Band at Gingival : ☐ Hair Line ☐ 1 mm ☐ 2mm

SHADE	MOLD	<input type="checkbox"/> PFM High Noble <input type="checkbox"/> Lava <input type="checkbox"/> Cement - Retained <input type="checkbox"/> PFM Noble <input type="checkbox"/> IPS e.max <input type="checkbox"/> Screw - Retained <input type="checkbox"/> PFM N.P. <input type="checkbox"/> Veneer <input type="checkbox"/> Custom Abutments <input type="checkbox"/> FGC High Noble <input type="checkbox"/> BruxZir <input type="checkbox"/> Titanium <input type="checkbox"/> FGC Noble <input type="checkbox"/> Zirconia		

Pontic Design

☐ Sanitary ☐ Full Ridge Lap ☐ Modified Ridge Lap ☐ Bullet ☐ Ovate

Metal Design :

☐ Full Porcelain No Metal Band ☐ Lingual Metal Band ☐ Narrow Metal Band of Porcelain ☐ Porcelain Veneer Crown ☐ 1/2 Lingual Metal

☐ A Type ☐ B Type ☐ C Type ☐ D Type ☐ E Type

Abutment Margin Depth

☐ Facial ☐ Mesial ☐ Lingual ☐ Distal

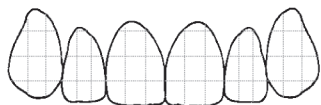
Abutment Emergence Profile

☐ Surgical Placement ☐ Tissue Displacement ☐ No Tissue Displacement

Abutment Margin Design

☐ Shoulder for all-ceramic ☐ Chamfer for PFM / BruxZir

Rx SPECIFIC INSTRUCTION



DOCTOR'S SIGNATURE _____ LICENSE NUMBER _____
USE BACK SIDE FOR FURTHER INSTRUCTIONS : ☐ Send Work Order ☐ Shipping Labels ☐ Boxes

WORK AUTHORIZATION

FOR LAB USE ONLY

Full Dentures

- ☐ Custom Tray
☐ Record Bases
☐ Try-in
☐ Finish

☐ Upper ☐ Lower

DENTURE / PARTIAL CRITERIA :

Brand Type

- ☐ Trubyte
☐ Blueline
☐ Classic

Occlusion

- ☐ Full Balance ☐ Lingualized
☐ Flat Plane

Gum Shade

- ☐ Light Pink ☐ Original
☐ Red Pink ☐ Dark Pink

Cast Metal Partial

- ☐ Design
☐ Frame
☐ with Record Bases
☐ with Set-Up
☐ Processed

☐ Upper ☐ Lower

Non Metal Partial ☐ Valplast ☐ Acrylic Partial Denture

Other Removables Options ☐ Upper ☐ Lower

- ☐ Night Guards ☐ Acrylic Hard ☐ Hard & Soft
☐ Acrylic Fipper (stayplate) ☐ Wire ☐ Non-Wire
☐ Reline ☐ Hard ☐ Soft
☐ Repair

