

REQUIRED INFORMATION

Doctor name _____
 Practice name and ID # _____
 Address _____
 Phone _____

Patient name _____
 Patient chart no. _____
 Today's Rx Date _____

Due date/Deliver case by 5pm on _____ (11 business days turnaround time if no date is given)
 Maximum turnaround time for crown and bridge restorations is 9 business days (M-F in lab) plus 2 days for standard roundtrip shipping. Please allow for maximum turnaround time when setting due date.

Tooth Numbers Circle single units, bracket splinted units and cross out missing teeth.

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

PFM (Base)
 PFM (Noble)
 PFM (Hi Noble White)
 Captek® (Hi Noble Yellow)
 PFM (Hi Noble Yellow)

All Ceramic (No Metal)
 Lithium Disilicate¹
 Zirconia (Layered)²
 Zirconia (Full)³
 Leucite Reinforced Ceramic⁴

Inlay/Onlay
 Lithium Disilicate¹
 Leucite Reinforced⁴
 Composite or Hybrid

Full Cast
 Base
 Noble
 Hi Noble (Yellow)

Implant Crown
 Other _____

Return for
 Finish*
 Die trim
 Bisque Bake
 Metal try-in
 Call before processing

1 Equal or better quality than IPS e-max CAD/Press
 2 Equal or better quality than Lava, Cercon, Procera
 3 Equal or better quality than Bruxzir
 4 Equal or better quality than Empress

MARGIN DESIGN

Please circle your choice(s) of margin design.

Metal margin 360°* (\$)

Lingual metal margin 180° (\$)

Metal occlusal shoulder 360° (\$)

Metal lingual shoulder 180° (\$)

All porcelain shoulder 360° (\$)

Facial porcelain shoulder 180° (\$)

Porcelain Margins require: Heavy Shoulder or Heavy Chamfer

CROWN DESIGN

Characterizations

Modified Ridge-Lap*

No Ridge Lap

Point Contact (conical)

Saddle Ridge Lap

Pontic Design

No Contact (hygienic/sanitary)

Point Contact

Circle your choice of pontic design.

Shade _____

Stump Shade
 (required for Leucite reinforced ceramic/Lithium disilicate crowns)

If Insufficient Room
 Trim opposing*
 Metal occlusal (\$)
 Reduction coping (\$)
 Metal island (\$)

Occlusal Clearance
 Light*
 Open
 Tight

Contact
 Light*
 Medium
 Heavy

SPECIFIC INSTRUCTIONS

Dentist signature _____ Dentist license no. _____

Dentist has approved impressions and reviewed script for accuracy, legibility and completion.

To request lab ordering and shipping supplies call 972-235-8600.

* Indicates the standard default design if an option is not selected (no extra charge for these options)

\$ This option is subject to an additional fee if selected, see formulary for pricing.