Crown & Bridge Rx

REQUIRED INFORMATION

Doctor name ______________________ (Last / First)

Practice name / Site Code ______________________

Address ______________________

Phone ______________________

Patient name ______________________ (Last / First)

Patient chart no. __________ ☐ M ☐ F Age ______

Rx date __________

Due date/Deliver case by 5pm on ______ (standard working time if no date given)

Case turnaround times are based on the date the prescription is received at the Lab. Please allow at least 10 business days (M-F) from that date. Rush charges may apply for faster than standard turnaround times.

CASE INSTRUCTIONS

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/PFG
- ☐ PFM (Base)
- ☐ PFM (Noble)
- ☐ Captek
- ☐ Implant Crown

All Ceramic (No Metal)
- ☐ Porcelain Crown (Generic)
- ☐ IPS e.max Press
- ☐ IPS e.max CAD
- ☐ Zirconia (Layered)
- ☐ Zirconia CAD
- ☐ Empress

Inlay/Onlay
- ☐ Empress
- ☐ IPS e.max
- ☐ Composite or Hybrid
- ☐ Porcelain (Generic)

Veneer
- ☐ Veneer

☐ Other ______________ (Additional fees may apply)

Return for

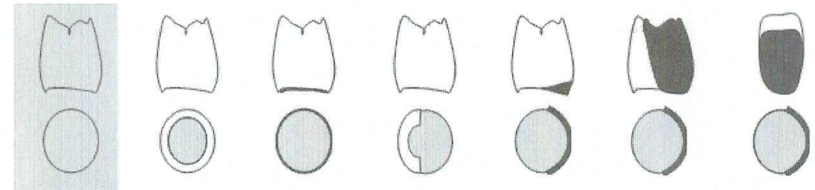
☐ Die trim ☐ Bisque ☐ Metal try-in ☐ Finish*

***Standard design if an option is not selected.**

Denture Depot
717 Lingco Dr., Ste. 205
Richardson, TX 75081
Ph: 972-235-8600
Fx: 972-235-8608

MARGIN DESIGN

Please circle your choice(s) of margin combination.

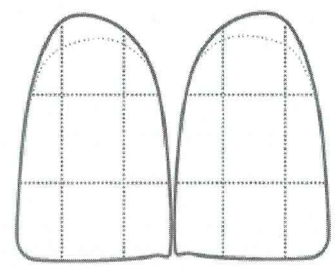


Show no metal 360°* | All porcelain shoulder 360° | Metal collar 360° | Facial porcelain shoulder 180° | Lingual metal collar (Traditional) | Metal occlusal | Metal lingual

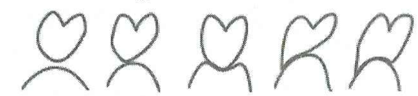
***Standard design if an option is not selected.**

CROWN DESIGN

Characterizations



Pontic Design



***Standard design if an option is not selected.**

Shade

Stump Shade ______________
(required for Empress/e.max)

If Insufficient Room
- ☐ Trim opposing*
- ☐ Reduction coping
- ☐ Metal occlusal
- ☐ Metal island

Occlusal Clearance
- ☐ Light*
- ☐ Open
- ☐ Tight

Contact
- ☐ Light*
- ☐ Medium
- ☐ Heavy

Please provide any photos, study models, diagnostic casts with case.

RX SPECIFIC INSTRUCTIONS

(Additional fees may apply for any instructions outside of the standard formulary.)

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Dentist signature* Dentist license no.

☐ Script has been reviewed for accuracy, legibility and completion. Impressions have been approved by the dentist. Please provide all implant components when submitting implant cases.

To request supplies, contact the lab at 972-235-8600.