

Dr. Name (First) _____

Dr. Name (Last) _____

Practice Name _____

Address _____

Patient Name _____

Rx Date _____

Due Date _____

Standard Turnaround Time is 10 Working days (M-F) From the Date Recieved in Lab

Restoration:
☐ Crown
 ☐ Bridge
 ☐ Veneer
 ☐ Inlay/Onlay
**Master
Peace
Crown**☐**Standard**☐**Metal Free**

Monolithic Zirconia

Not Recommended for Anterior☐☐

Multi Layered Zirconia

☐☐Solid Zirconia Lingual with
Porcelain layered facial☐☐Emax *(3 Unit Bridge Max. Not
Recommended for Posterior)*☐

Diagnostic Wax-up

☐

PMMA Temporary

Full Cast Crowns☐

Full Cast Non-Precious

☐

Full cast Semi-Precious

☐

Full Cast White HN

☐

Full Cast Yellow Noble (2% AU)

☐

Full Cast Yellow HN Gold

PFM☐

Non-Precious

☐

Semi-Precious

☐

White HN

☐

Yellow HN

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

Tooth Shade: _____

Stumpf Shade: _____

Required***Required for Emax***

Pink Tissue Shade _____

Shade guide used _____

Vita is default

Interproximal Contact☐

Light*

☐

Medium

☐

Heavy

Occlusal Contact☐

Light*

☐

Open

☐

Tight

If Insufficient Room☐

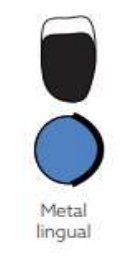
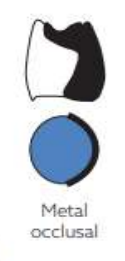
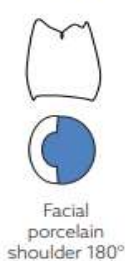
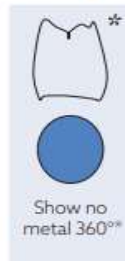
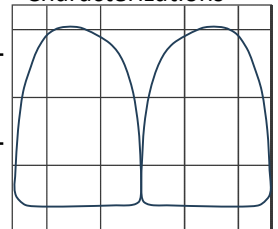
Trim Opposing*

☐

Reduction Coping

☐

Call to Discuss

Please circle your choice(s) of margin combination for PFM**Notes:****Characterizations**

Dentist Signature _____

***Required**

Dentist License # _____

***Required**

The signee of this form is authorized and accepts responsibility for the requested work as well as the cost of the delivered goods.