Crown & Bridge Rx

Laboratory Procedure Prescription

INSIGHT DENTAL LAB

INFORMATION REQUIRED

Doctor: _____

Practice Name: _____

Patient: _____

Date In: _____

Date Required: _____

Age: _____ Gender: _____

CASE INSTRUCTIONS

Please CIRCLE single unit and BRACKET splinted units

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

PFM

- ☐ White HN *
- ☐ Semi-precious
- ☐ Non-precious
- ☐ Yellow HN (for PFM)

Zirconia / All Ceramic

- ☐ Full contour
- ☐ Zirconia layered
- ☐ High translucent (max 3 unit bridge)
- ☐ Cut-back zirconia
- ☐ IPS e.max press

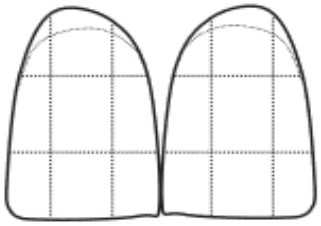
Full Cast

- ☐ Yellow HN gold
- ☐ Yellow noble (2% AU)
- ☐ White HN
- ☐ Semi-precious
- ☐ Non-precious

CROWN DESIGN

Tooth Shade: _____ Stump Shade: _____
(REQUIRED FOR EMAX)

Characterization



Pontic Design

- ☐ Modified ridgelab *
- ☐ Saddle ridgelab
- ☐ Conical
- ☐ Ovate

MARGIN

- ☐ Porcelain Butt
- ☐ Zero metal
- ☐ Metal collar 360

If Insufficient Room

- ☐ Call to discuss *
- ☐ Trim opposing
- ☐ Metal occlusal
- ☐ Reduction coping
- ☐ Metal island
- ☐ Trim prep (no coping)

Occlusal Contact

- ☐ Light *
- ☐ Open
- ☐ Tight

Interproximal Contact

- ☐ Light *
- ☐ Medium
- ☐ Heavy

* Standard design if an option is not selected

RX SPECIFIC INSTRUCTIONS

Please submit all photos, study models, and diagnostic casts with cases via email to:

insightdentallab@gmail.com

Additional Information:

_____

_____

_____

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