

CROWN & BRIDGE Rx

LABORATORY PROCEDURE PRESCRIPTION

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____ ○ M ○ F DOB _____

Patient Chart# _____

Rx Date _____ Due Date/Delivery on _____

Case turnaround times are based on the date the Rx is received at Ceramics Dental Lab. Please allow 10 business days (M-F) from that date and 13 business days for complex cases.

CASE INSTRUCTIONS

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

Metal PFM

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

Full Cast

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

Zirconia / All Ceramic

- ☐ Zirconia Solid
(not recommended for anterior)
- ☐ Zirconia Layered
- ☐ High Translucent (max 3 unit bridge)
- ☐ Solid lingual with porcelain facial
IPS e.max® Press (max 3 unit bridge)
- ☐ Lithium Disilicate

Other

- ☐ Composite resin
- ☐ Temporary (acrylic)
- ☐ Temporary with metal

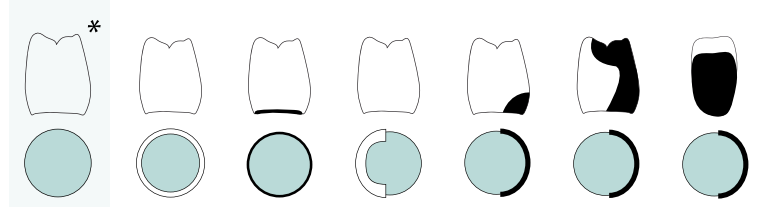
Return for

Restoration

- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in
- ☐ **Finish***
- ☐ Crown
- ☐ Bridge
- ☐ No-prep veneer
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant
- ☐ Post & core
- ☐ Diagnostic wax-up
- ☐ Rest seats
(specify) _____
- ☐ Crown under partia
(specify) _____

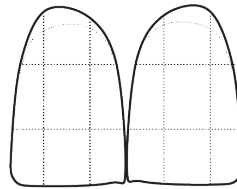
MARGIN DESIGN

Please circle your choice(s) of margin combination

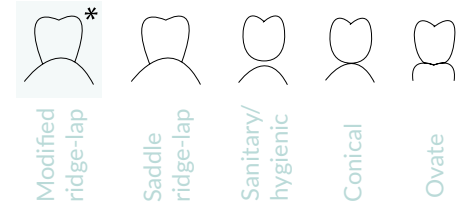


CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade
(REQUIRED)

Tooth Shade
(vita is default)

Stump Shade
(REQUIRED FOR E.MAX)

Pink Tissue Shade _____

Metal PFM

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

Occlusal Contact

- ☐ Light*
- ☐ Open
- ☐ Tight

Interproximal Contact

- ☐ Light*
- ☐ Medium
- ☐ Heavy

RX SPECIFIC INSTRUCTIONS

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

Email photos to: carloslab10@yahoo.com

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Ceramics Dental Lab in the event the account is sent to collections or litigation.

Dentist signature** _____

Dentist license # _____

*Standard design if an option is not selected