

Date: _____ Phone #: _____ Doctor: _____

Office Name: _____ Office Address: _____

Patient Name: _____ Male Female Age: _____

Return Date: _____ Return Time: _____ AM _____ PM (Rush dates not guaranteed without prior approval; charges may apply.)

Crown & Bridge / Implants

Tooth Shade(s): _____ Stump Shade: _____ (Shade may determine material choice due to esthetics)

Materials:

- Zirconia: FZ (Strongest)* HTFZ (Hi-Translucent)
Default For Full Zirconia Anterior Crowns
 PFZ (Layered)
- Lithium Disilicate: e.max®
- PFM Alloy: White Ag-Pd; Au* Yellow High Au
Default
 Non Precious Other _____
- FGC Alloy: Yellow Med Au (40-60%)* Yellow High Au (+70%)
Default
 Low Au (1-3%) Non Precious
- Other: Post & Core PMMA Temp
 Diagnostic Wax Up

Please indicate case requirements below:

- Centric Contact: Shim Relief* Positive*
Default
 Double Relief*
- Pontic Design: Modified Ridge Lap* Hygenic _____ mm
Default
 Ovate _____ mm
- Lat. Excursion: Cuspid Guidance Group Function
 Cross Bite
- Occlusion: Ceramic Metal In Centric
 All Metal Zirconia
- Margin: Combination* Ceramic Butt
Default
 Fine Metal

Study models of pre-op/temps highly recommended for anterior restorations.

- Shade photo attached Email: info@cldentallab.com Custom Shade - Book an online appointment at cldentallab.com
 Upload: cldentallab.com

Implant Restoration

Implant System Manufacturer: _____

Platform (Connection), Size/Type: _____

- Retention: Screw ASC (Angulated Screw Channel)
 Cement

Abutment(s):

- Stock: Ti -Base Ti - Abutment
- Custom: Titanium Zirconia (w/Ti-base) All Zirconia
 Cast (UCLA) Temp

Custom Abutment Emergence Profile:



If No Occlusal Clearance:

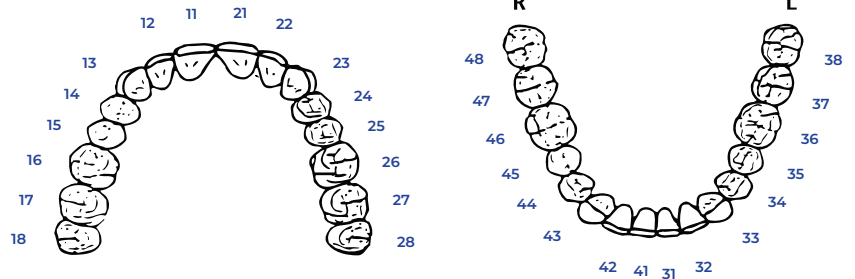
- Adjust opposing Phone call Reduction coping
 Make this permanent preference

Notes:

Signature _____

License _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions.



Please Send Supplies

- RX Sheets Plastic Bags Other
 Social Services _____ ADSC NUMBER _____