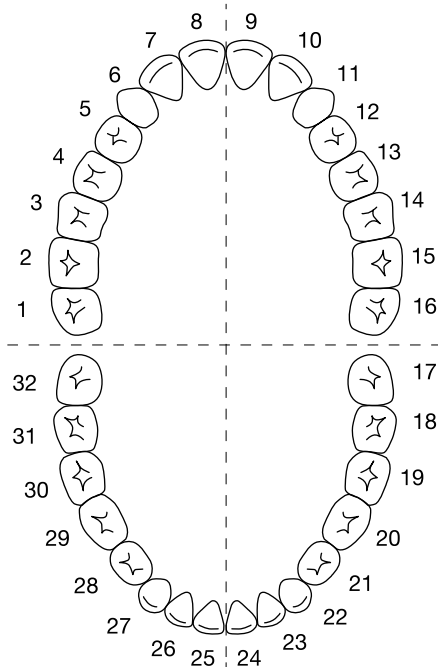


Dr. Name _____ Phone _____

Patient Name _____ License Number _____

DOB _____ Prep date _____

 Male Female Other _____ Due date _____

CROWN & BRIDGE + IMPLANT RX
Product:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Crown | <input type="checkbox"/> Bridge | <input type="checkbox"/> Veneers |
| <input type="checkbox"/> Modeless crown | <input type="checkbox"/> All-on-X | <input type="checkbox"/> Surgical guides |
| <input type="checkbox"/> Inlay/Onlay | | |

PFM:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chrome Cobalt | <input type="checkbox"/> White high noble | <input type="checkbox"/> Yellow high noble |
| <input type="checkbox"/> Semi-precious | <input type="checkbox"/> Metal try-in | |

All-ceramic:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> E.max monolithic | <input type="checkbox"/> E.max layered | <input type="checkbox"/> PMMA |
| <input type="checkbox"/> Zirconia monolithic | <input type="checkbox"/> Zirconia layered | |

Implant abutments:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Titanium | <input type="checkbox"/> Glass fiber | <input type="checkbox"/> Gold hue |
| <input type="checkbox"/> TiZir hybrid | <input type="checkbox"/> Zirconia | <input type="checkbox"/> Gold |
| <input type="checkbox"/> Screw-retained | <input type="checkbox"/> Cement-retained | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Custom | <input type="checkbox"/> Multi-unit | <input type="checkbox"/> Angled |
| <input type="checkbox"/> Healing | | |

Implants:

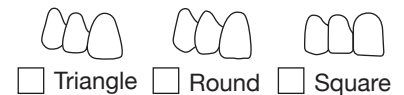
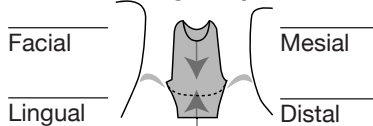
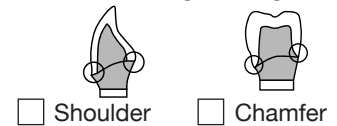
Type: _____

Diameter: _____

Anatomical surface texture:

-
- None
-
- Light
-
- Medium

Pontic design:

Anterior design style:

Abutment margin depth:

Abutment margin design:

Abutment emergence profile:

- | | | |
|--|--|---|
| <input type="checkbox"/> Full anatomical | <input type="checkbox"/> Tissue displacement | <input type="checkbox"/> No tissue displacement |
|--|--|---|

If no occlusal clearance:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Call Doctor | <input type="checkbox"/> Reduction coping | <input type="checkbox"/> Spot opposing |
|--------------------------------------|---|--|

 Please put your **notes** on the other side of sheet.

We recommend to send photos for all anterior cases

Final ceramic shade:

Present tooth or stump shade:

Staining:

-
- None
-
- Light
-
- Medium

Proximal contacts:

-
- Light
-
- Medium
-
- Heavy

Models sent:

-
- Digital scans
-
- Impressions

Signature _____

If any selections are left unmarked, the technician will make a decision based on their professional judgment.