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DOCTOR'S NAME

PATIENT'S NAME

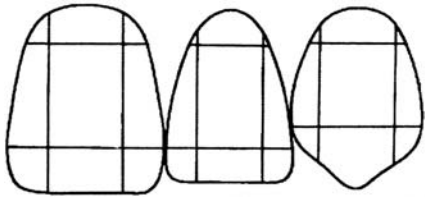
☐ **MALE** **AGE:**
☐ **FEMALE**

DUE DATE
Deliver by 5 PM on / /

TELEPHONE

PICK-UP DATE

LABORATORY USE ONLY

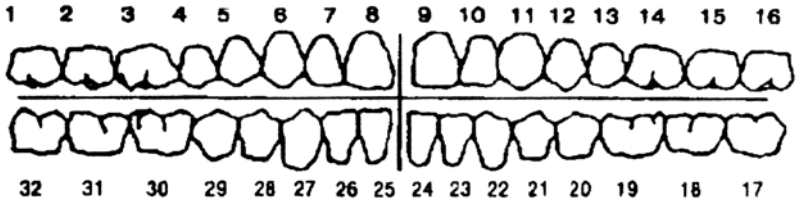


Restorations:
- ☐ Porcelain Fused Metal
- ☐ Full Gold Crown
- ☐ Full Gold Onlay, Inlay
- ☐ Zirconia (Procera · GC Aadva)
  - [ ] Crown [ ] Coping
  - [ ] Bridge [ ] Veneer
- ☐ Aluminus (Procera)
  - [ ] Crown [ ] Coping
- ☐ Gradia
  - [ ] Crown [ ] Onlay, Inlay
- ☐ IPS e.max
  - [ ] Crown [ ] Onlay, Inlay
  - [ ] Veneer
- ☐ All Porcelain
  - [ ] Crown [ ] Onlay, Inlay
  - [ ] Veneer

Shade Instructions:

Basic Shade

Metal
- ☐ Yellow Precious
- ☐ White Precious (Precious · Semi-Precious)
- ☐ Non- Precious (Single Unit Only)
- ☐ TYPE III Gold



Instructions:

Margin Design
- ☐ Disappearing Margin #
- ☐ Porcelain Buccal Margin #
- ☐ Metal Margin _____mm. #

Contact

Occlusal
☐ Normal ☐ Tight ☐ Light

Proximal
☐ Normal ☐ Tight ☐ Light

Metal Design

Occlusal

☐ FULL ☐ 3/4 ☐ 1/2 ☐ ISLAND

Lingual

☐ 3/4 ☐ 1/2 ☐ ___ mm ☐ none

Pontic Design

☐ RIDGE LAP ☐ SANITARY ☐ MODIF SANITARY ☐ OVATE LAP

Implant Restorations:
- ☐ Screw Retaining
- ☐ Cement Retaining
  - [ ] Gold custom Abutment
  - [ ] Titanium custom Abutment
  - [ ] Zirconia custom Abutment

Rx:

DOCTOR'S Signature **LICENSE NO.**