

# Crown & Bridge Rx

RX DATE \_\_\_\_\_

CASE # \_\_\_\_\_

DATE WANTED \_\_\_\_\_ TIME \_\_\_\_\_

FOR DELIVERY BY 5PM.

NOTE: If no due date is assigned, a standard Ward due date will be applied.

**Doctor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Diagnostic Wax Up       Temporaries

Call me (before proceeding with case)

Rx \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you included the following?**

- Impression
- Bite
- Opposing
- Shade
- Pre-Op model
- Photos
- Model of temps
- Bite stick
- Face bow

**Please Send**

- Prescription forms
- Plastic bags
- Case boxes

**Return for**

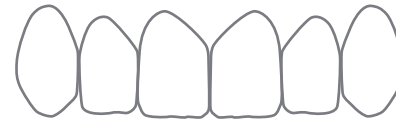
- Die trim
- Metal try-in
- Finish
- Evaluation
- Wax check
- Bisque bake try-in

**If Insufficient Room**

- Reduce and mark
- Metal occlusion
- Reduction coping
- Please call

**If Case Will Not Draw**

- Make reduction copings
- Please call
- Surgical stent



Shade \_\_\_\_\_ Stump \_\_\_\_\_

**Amount of Translucency**

- Light       Medium       Heavy

**Value**

- Bright       Medium       Low

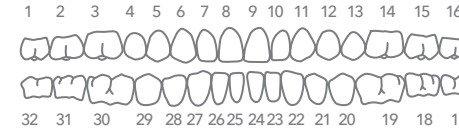
**Midline Shift**

R \_\_\_\_\_ MM    L \_\_\_\_\_ MM  
 \_\_\_\_\_ MM

Length of centrals from cervical margin

- Close Diastema

**Circle Teeth Numbers**



**Metal**

- High Noble       Noble

**Occlusion**

- Metal       Porcelain

**Lateral Excursion**

- Cuspid guidance       Group function

**Labial Margin**

- Fine metal collar on tooth # \_\_\_\_\_
- Show no metal standard on # \_\_\_\_\_ (Lingual metal collar)
- Show no metal 360° on tooth # \_\_\_\_\_
- Porcelain Butt Margin on tooth # \_\_\_\_\_

**Contacts**

- Broad       Normal       Point

**Occlusal Clearance**

- Positive Contact       Cusp Fossa       Out of Occlusion       Foil Relief

**Occlusal Staining**

- None
- Light
- Medium
- Dark
- Hypo-calcification
- Shade tab enclosed

**Mold of Crown Desired**

- Follow study model
- Match existing
- Make ideal

**Surface Anatomy**

- Smooth
- Textured
- Mamelon development
- Match existing

**Pontic Design**

- Full Ridge Lap
- Modified Ridge Lap
- Ovate/Conica \_\_\_\_\_ mm
- Sanitary/Hygienic

**Pontic Tissue Relief**

- Yes, mm deep \_\_\_\_\_       No

Doctor's Signature \_\_\_\_\_ License # \_\_\_\_\_

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of a suit, including reasonable fees.

White - Lab Copy    Blue - Doctor's Copy