

Required Information

Doctor's Office _____
Patient Name _____
Today's Date _____
Due Date (by 5:00 pm) _____

Address _____
City _____ State _____ Zip _____
Phone Number _____
Signature _____

Case Materials Enclosed

☐ Impressions ☐ Bite Registration ☐ Models ☐ Implant Parts

Supply Requests

☐ Prescriptions ☐ Shipping Labels ☐ Boxes ☐ Other: _____

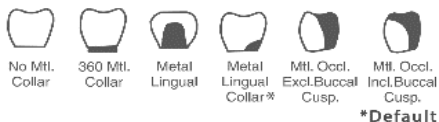
Crown & Bridge

- Select one: ☐ Bridge ☐ Crown
☐ Inlay/Onlay ☐ Veneer ☐ Coping
- Select type:
☐ Porcelain Fused Metal (PFM)*
☐ Full Cast*
☐ Full Contour Zirconia ☐ Layered Zirconia
☐ Emax CAD ☐ Emax Press
☐ Empress
- * Select alloy (if applicable):
☐ Non-Precious
☐ Semi-Precious
☐ Noble Yellow (*not applicable for PFMs*)
☐ White Gold (High Noble)
☐ Yellow Gold (High Noble)
- ☐ Implant (if applicable):
Abutment: ☐ Stock ☐ Custom ☐ Supplied
Size: _____
Manufacturer: _____

Crown & Bridge Case Specifications

- Staining:
☐ Light ☐ Medium ☐ Heavy ☐ None
- Butt Margin: ☐ Porcelain ☐ 360° Porcelain
- Occlusal Clearance: ☐ Light
☐ Full/In Occlusion ☐ Out of Occlusion
- If Insufficient Room:
- | | |
|---|--|
| <input type="checkbox"/> Adjust Opposing | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Reduction Coping | <input type="checkbox"/> Standard/Normal |
| <input type="checkbox"/> Metal Occlusal/Lingual | <input type="checkbox"/> Medium/Broad |
| <input type="checkbox"/> Call | <input type="checkbox"/> Point |

Metal Design



Pontic Design



Partials & Frameworks

- Select type: ☐ Partial ☐ Framework
- Select one: ☐ Acrylic ☐ Flexible (TCS)
☐ Cast*
- * Select metal (if applicable):
☐ Nobilium ☐ Vitallium
- Select clasp(s):
☐ Flexible Clasp Tooth # _____
☐ Clear Flexible Clasp Tooth # _____
- Select stage:
☐ Complete (One Step) ☐ Frame
☐ Frame with Bite Rim ☐ Set-Up
☐ Frame and Set Up ☐ Process/Finish

Dentures

- Select type: ☐ Full ☐ Immediate
- Select stage:
☐ Complete (One Step) ☐ Wax Bite Rim
☐ Set Up ☐ Process/Finish

Orthodontic Guards

- Select type: ☐ Night Guard* ☐ Athletic
- * Select one (if applicable):
☐ Hard ☐ Hard/Soft ☐ Soft

Removable Extras

- ☐ Custom Tray ☐ Rebase
☐ Hard Reline ☐ Soft Reline

Design & Instructions

Tooth #: _____ Shade: _____ Stump Shade: _____

