

DATE: _____

DUE DATE _____

PATIENT: _____

DR.: _____

☐ M☐ F

TEL: _____

Shade: _____ Stump Shade: _____

ADDRESS: _____

Rx Specific Instructions

Dr. License # _____

Dr. Signature _____

FIXED

METAL-FREE RESTORATIONS

- | | |
|---|--|
| ☐ Aesthetic Full Zirconia (Anterior) | ☐ PFZ (Porcelain Layered Zirconia) |
| ☐ Functional Full Zirconia (Posterior) | ☐ IPS e-max Full Crown |

PORCELAIN FUSED TO METAL

- | | |
|--|--|
| ☐ Metal Type: _____ | ☐  Metal Coping
All Porcelain Coverage |
| ☐ Metal Margin | ☐  Metal Occlusal
Excluding Buccal Cusp |
| ☐ Porcelain Margin | ☐  Metal Occlusal
Including Buccal Cusp |

FULL CAST

- | | |
|--|---|
| ☐ Full Cast Metal | ☐ Full Cast Gold |
|--|---|

PONTIC DESIGN



IMPLANT RESTORATIONS

- | |
|--|
| ☐ Custom Titanium Abutment |
| ☐ Custom Hybrid Abutment (w/Ti Base) |
| ☐ Screw Retained Full Crown (w/Ti Base) |