

Crown & Bridge Rx Only

Barcode/Doctor Info

Patient Name: _____ Date Due: _____

Lab Use Only

Enclosed: ___ Impression(s) ___ Model(s) ___ Bite(s) ___ Photo(s) ___ Other: _____

Date & Initials

PAN #

Full Cast Alloy

- Yellow Noble White Noble
 Yellow High Noble Non Precious
 Non Precious Yellow

Porcelain Alloy

- Non Precious White Noble
 Bio 2000® or Captek®
 Yellow High Noble

Metal Free

- ZR Picasso™ Full Contour ZR Picasso™ Layered
 ZR Picasso™ Full Contour Esthetic
 e.max® Monolithic e.max® Layered
 e.max® Veneer BruxZir®

Proximal Contact

- Broad (B/L) Light
 Deep (I/G) Medium
 Diastema _____ mm Heavy




Metal Collars

- Very Small Lingual Collar
 No Metal to Show 360°
 2mm Mesial & Distal
 Very Small Collar 360°
 Lingual Button
 Porcelain Butt Margin
 Other: _____

Occlusal Contact

- In Occlusion In Light Occlusion
 Just Out (0.5mm) Out (1.0mm)

Metal Occlusal

-  Full Metal (Incl Buccal Cusp)
  Half Metal (Excl Buccal Cusp)
  Metal Lingual
 Metal Island Other: _____

Pontic Design



Tooth #: _____

Shade: _____

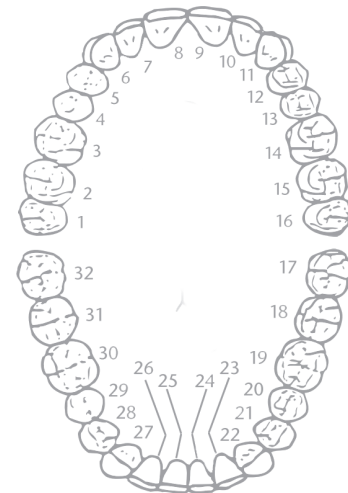


Occlusal Stain

- None Medium
 Light Dark

- Singles Splinted Metal Try-in Finish Mirror Opp Side

For Best Results Please Fill Out All Applicable Responses



CERTIFIED
DENTAL
LABORATORIES

Dr. Signature: _____ License #: _____

Supplies: Prescriptions BioHazard Bags Shipping Labels Boxes