

Case # _____

Pan # _____

Lab Use Only _____

Doctor _____ Phone _____

Address _____

Patient _____ Male Female Age ____

RX Date _____

Date Needed _____

*** Please use a ball point pen ***

TYPE OF RESTORATIONS

Posterior

- PFG Crown / Bridge
- EMAX Inlay / Onlay / Crown
- Zirconia Crown / Bridge
- BruxZir (Full Zirconia Crown)
- belleGlass Inlay / Onlay
- Full Gold Inlay / Onlay / Crown

Anterior

- PFG Crown / Bridge
- EMAX Crown
- Zirconia Crown / Bridge
- Empress Pressed Porcelain Veneer
- Feldspathic Porcelain Veneer
- No Prep Veneer

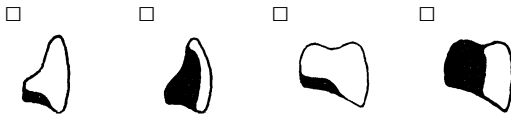
TYPE OF ALLOY

- High Noble White Gold
- Semi-precious Non-precious
- Yellow Gold Other _____

IMPLANT ABUTMENTS

- Zirconia Abutment
- Custom Titanium Abutment
- Other: _____

METAL DESIGN



- Porcelain Margin
- No Facial Collar
- No Collar At all
- 360 Metal Collar

FINISHING INSTRUCTIONS Metal Try in Bisque Finished

COSMETIC INSTRUCTIONS

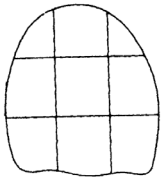
- Diastema Closer Alignment
- Lengthen __mm Incisal Wrap

Shade Needed: _____

Prep Shade: _____
 (Required If All Ceramic)

Occlusal Stain:

- None Light Medium Dark



Additional Instructions

Dr.'s Signature _____

*****PLEASE KEEP THE BACK PINK COPY ONLY*****

FOR OFFICE USE ONLY

Date Received _____ Ship Date _____

QC: Occlusion Contacts Margins Shade Contour

Technician: _____ Approved By: _____