DTG
a dti dental lab

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Crown and Bridge Rx

RX DATE _____

CASE # _____

DATE WANTED _____ **TIME** _____

DOCTOR INFORMATION

Name _____

Address _____

_____

Telephone _____

PATIENT INFORMATION

Name _____

Sex _____ Age _____

❍ Diagnostic Wax Up ❍ Temporaries

❍ Call me (before proceeding with case)

Rx

_____

_____

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_____

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

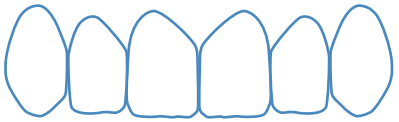
❍ Die Trim
❍ Metal Try-in
❍ Finish
❍ Evaluation
❍ Wax check
❍ Bisque bake try-in

IF INSUFFICIENT ROOM

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

IF CASE WILL NOT DRAW

❍ Make reduction copings
❍ Please call
❍ Reduce model and mark



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

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

OCCLUSAL STAINING

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

MOULD OF CROWN DESIRED

❍ Follow study model
❍ Match existing
❍ Make ideal

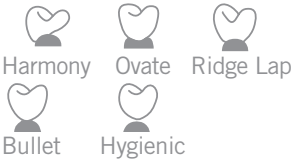
SURFACE ANATOMY

❍ Smooth
❍ Textured
❍ Mammelon development
❍ Match existing

METAL

❍ High Noble ❍ Noble
❍ Non-Precious

PONTIC DESIGN



Harmony Ovate Ridge Lap Bullet Hygienic

OCCLUSION

❍ Metal ❍ Porcelain

LATERAL EXCURSION

❍ Cuspid guidance ❍ Group Function

PONTIC TISSUE RELIEF

❍ Yes, mm deep_____ ❍ No

LABIAL MARGIN

❍ Fine metal collar on tooth #_____ ❍ Lingual Metal Collar on tooth #_____

❍ 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

Doctor's Signature _____ License #_____

White - Lab Copy *Blue - Doctor's Copy*