

Crown and Bridge Rx

RX DATE _____

CASE # _____

DATE WANTED _____ TIME _____

DOCTOR INFORMATION

Name _____

Address _____

Telephone _____

PATIENT INFORMATION

Name _____

Sex _____ Age _____

Diagnostic Wax Up Pearltemps™ (provisionals)

Call me (before proceeding with case)

Rx _____

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

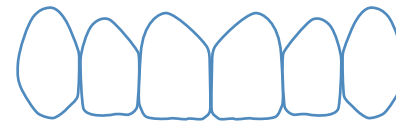
- Die Trim
- Metal Try-in
- Finish
- Evaluation
- Wax check
- Bisque bake try-in

IF INSUFFICIENT ROOM

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

IF CASE WILL NOT DRAW

- Make reduction copings
- Please call
- Surgical Stent



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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

METAL

- High Noble Noble

OCCUSION

- Metal Porcelain

LATERAL EXCURSION

- Cuspid guidance Group Function

LABIAL MARGIN

- Fine metal collar on tooth # _____ Show no metal standard on # _____
- Show no metal 360° on tooth # _____ Porcelain Butt Margin on tooth # _____

CONTACTS

- Broad Normal Point

OCCUSAL CLEARANCE

- Positive Contact Cusp Fossa Out of Occlusion Foil Relief

OCCUSAL STAINING

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

MOLD OF CROWN DESIRED

- Follow study model
- Match existing
- Make ideal

SURFACE ANATOMY

- Smooth
- Textured
- Mamelon development
- Match existing

PONTIC DESIGN

- Harmony Ovate Ridge Lap
- Cone Hygienic

PONTIC TISSUE RELIEF

- Yes, mm deep _____ No

Doctor's Signature _____ License # _____

White - Lab Copy

Blue - Doctor's Copy