WESTBROOK | a dti company

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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 ○ PearlItemps™ (provisionals)

○ 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

○ Surgical Stent

SHADE _____ STUMP _____

AMOUNT OF TRANSLUCENCY

○ Light ○ Medium ○ Heavy

VALUE

○ Bright ○ Medium ○ Low

MIDLINE SHIFT

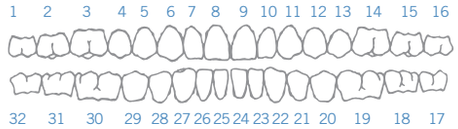
R _____ MM L _____ MM

_____ MM

Length of centrals from cervical margin

○ Close Diastema

CIRCLE TEETH NUMBERS



OCCLUSAL 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

METAL

○ High noble ○ Noble

OCCLUSION

○ Metal ○ Porcelain

LATERAL EXCURSION

○ Cuspid guidance ○ Group function

PONTIC DESIGN

○ Harmony ○ Ovate ○ Ridge Lap

○ Cone ○ Hygienic

PONTIC TISSUE RELIEF

○ Yes mm deep____ ○ No

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

OCCLUSAL CLEARANCE

○ Positive Contact ○ Cusp Fossa ○ Out of Occlusion ○ Foil Relief

Doctor's Signature _____ License # _____

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

WESTKEY GRAPHICS 604-421-7778