

Crown & Bridge Rx

Doctor Name _____

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

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

PFM

- White HN***
- Semi-precious
- Non-precious
- Yellow HN (for PFM)

Full Cast

- Full cast Yellow HN gold
- Full cast Yellow noble (2% AU)
- Full cast White HN
- Full cast Semi-precious
- Full cast Non precious

Metal-Free

- Zirconia Solid
(not recommended for anterior)
- Zirconia Layered
- High Translucent
(max 3 unit bridge)
- Solid lingual with porcelain facial
- IPS e.max® Press
(max 3 unit bridge)
- Lithium Disilicate
- Composite crown

Other

- Diagnostic wax-up
- Temporary
- Temporary w/ metal

Return for

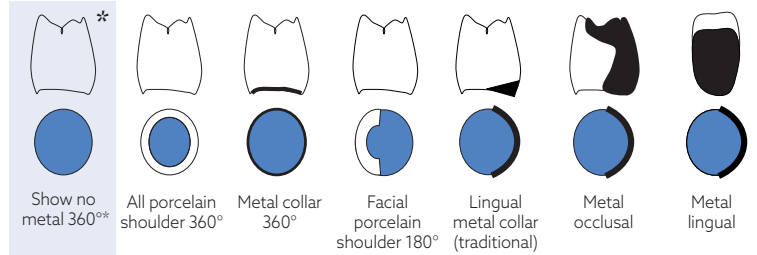
- Finish***
- Die trim
- Bisque
- Metal try-in

Restoration

- | | |
|---|--|
| <input type="checkbox"/> Crown | <input type="checkbox"/> Post & core |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Diagnostic wax-up |
| <input type="checkbox"/> No-prep veneer | <input type="checkbox"/> Rest seats |
| <input type="checkbox"/> Veneer | <small>(specify) _____</small> |
| <input type="checkbox"/> Inlay/Onlay | <input type="checkbox"/> Crown under partial |
| <input type="checkbox"/> Implant | <small>(specify) _____</small> |

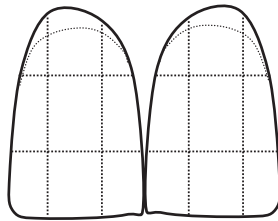
PFM MARGIN DESIGN

Please circle your choice(s) of margin combination for PFM

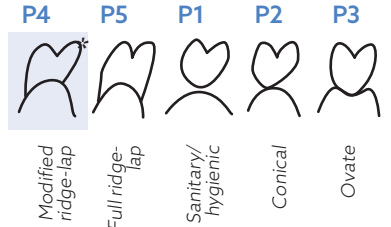


CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade _____ **Shade Guide Used** _____
(REQUIRED) (vita is default)

Stump Shade _____ **Pink Tissue Shade** _____
(REQUIRED FOR E.MAX)

If Insufficient Room

- Trim opposing***
- Call to discuss
- Metal occlusal
- Reduction coping
- Resin*** Metal
- Metal island
- Trim prep no coping

Occlusal Contact

- Light***
- Open
- Tight

Interproximal Contact

- Light***
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: info@goldencrowndentallab.com

Dentist signature _____

Dentist license no. _____

***Standard design if an option is not selected**