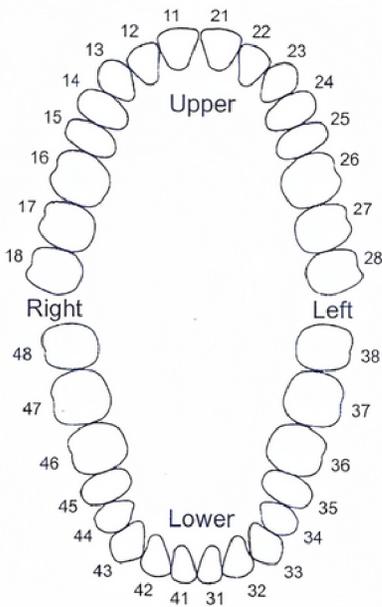


# Crown & Bridge Rx

## Required Information

Doctor: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ Return Date: \_\_\_\_\_

## Case Instructions



### If No Occlusal Clearance

- Metal/Zirconia Occlusion
- Adjust Opposing
- Occlusal Island
- Reduction Coping
- Metal Island

## Occlusal Contacts

Normal      Positive      Foil Relief

## Type of Restoration

- Inlay/Onlay
- Bridge
- Veneers
- Crown
- Implant

## All Ceramic Restorations

- Lithium Disilicate(e.max)
- Porcelain to Zirconia
- Lab Select
- Full Zirconia
  - High Strength
  - High Translucency

Signature: \_\_\_\_\_

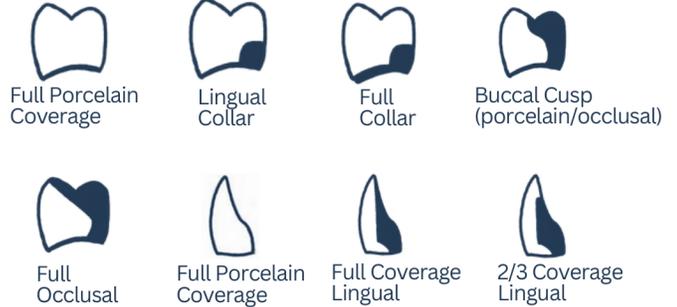
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

We need:      Boxes      Rx Pads

## Design Instructions

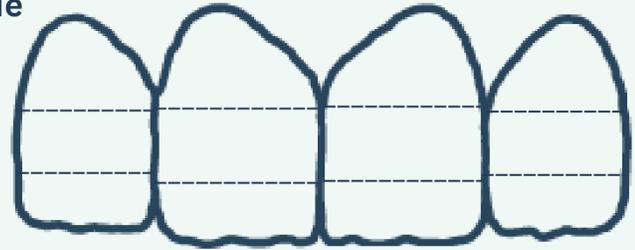
### Coping Design



### Pontic Design



### Shade



Stump Shade: \_\_\_\_\_

Shade Desired: \_\_\_\_\_

### Occlusal Stain

None      Light      Medium      Dark

### Degree of Translucency

Medium      Moderate      Maximum

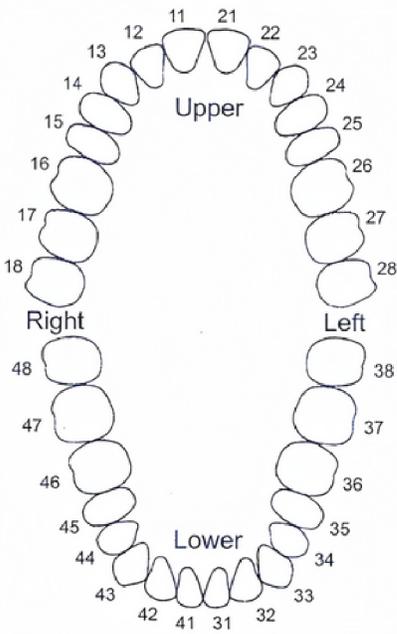
### Instructions

# Denture Rx

## Required Information

Doctor: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Facial Shape: Round: \_\_\_\_\_ Square: \_\_\_\_\_ Oval: \_\_\_\_\_

## Case Instructions



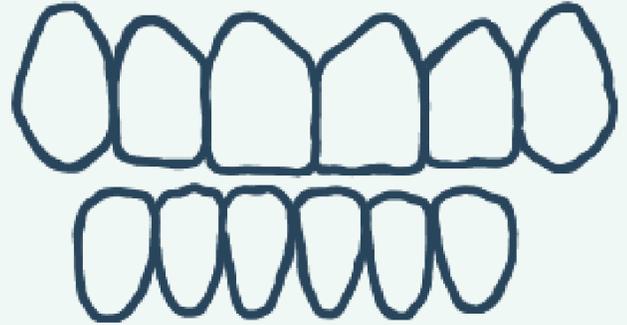
### Dentures

- Custom Tray
- Occlusion Rim
- Try-in
- Finish
- Valplast
- Premium
- Standard

### Thermoflex Tooth Shade Clasp

## Design Instructions

### Shade



Shade: \_\_\_\_\_

Mold: \_\_\_\_\_

### Splints

- Hard + Soft Acrylic
- Bleaching Tray
- Hard Acrylic
- Proform Sportsguard
- Thermoplastic
- Essix Retainer
- Gelb Appliances
- Proform Nightguard

### Repairs & Relines

- Repair
- Reline-Denture
- Valplast Repair
- Soft Liner Denture
- Ortho Repair
- Lingual Wire
- Surgical guide
- Palatal Stent
- Heat Cure Reline(Hard)

## Major Connectors

### Upper

- Palatal Strap
- Horse Show
- Other Design
- Hygenic Partial
- Acrylic Partial

### Lower

- Lingual Bar
- Lingual Apron
- Kennedy
- Valplast Partial

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

We need: Boxes \_\_\_\_\_ Rx Pads \_\_\_\_\_

## Instructions