

Crown & Bridge

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

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

Zirconia / All Ceramic

- 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

Other

- Diagnostic wax-up
- Composite resin crown
- Temporary
- Temporary w/ metal

PFM

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

Restoration

- Crown
- Bridge
- No-prep veneer (specify) _____
- Veneer
- Inlay/Onlay (specify) _____
- Implant
- Post & core
- Rest seats
- Crown under partial

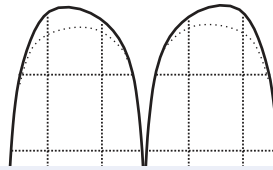
***Standard design if an option is not selected**

MARGIN DESIGN

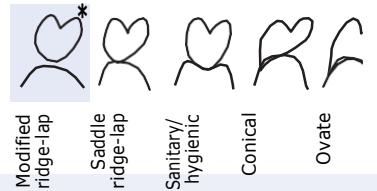
Please circle your choice(s) of margin combination

CROWN DESIGN

Characterizations



Pontic Design



Tooth Shade _____
(REQUIRED)

Shade Guide Used _____
(vita is default)

Stump Shade _____
(REQUIRED FOR E.MAX)

Pink Tissue Shade _____

If Insufficient Room

- Trim opposing*
- Call to discuss
- Metal occlusal
- Reduction coping
 - Metal
 - Resin

Occlusal Contact

- Light*
- Open
- Tight

Interproximal Contact

- Light*
- Medium
- Heavy

SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
 Email photos to: msdentalartspkl@yahoo.in

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by MS Dental Lab in the event the account is sent to collections or litigation.

 Dentist signature**
(REQUIRED)

