

Crown & Bridge Rx

Attention _____ Case # _____

Today's Date _____ Due Date _____

DOCTOR INFORMATION

Name _____

Address _____

Phone _____ Email _____

PATIENT INFORMATION

Name _____

Appointment Date _____ Sex _____ Age _____

INVENTORY SENT WITH CASE

- Impression: Upper & Lower Articulator Photos:
 Bite Shade Tab Attached
 Other: _____ Facebow Emailed to MDLHamilton@MicroDental.com

INSTRUCTIONS CALL ME BEFORE PROCEEDING WITH CASE DIAGNOSTIC WAX-UP

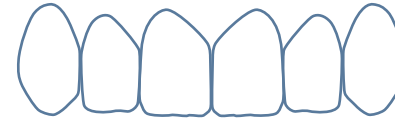
PLEASE SEND

- Rx forms
 Waybills
 Bags
 Boxes

FOR LAB USE ONLY

Dentist's Signature (Required) _____ License # (Required) _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize MicroDental Laboratories to construct, alter, or repair the restoration described on this requisition.



SHADE _____ STUMP _____

AMOUNT OF TRANSLUCENCY

- Light Medium Heavy

VALUE

- Bright Medium Low

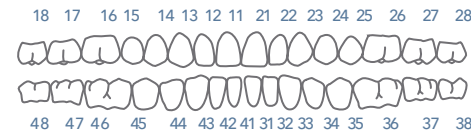
MIDLINE SHIFT

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 Gold Gold
 Semi-Precious Non-Precious

PONTIC DESIGN

- Harmony Ovate Ridge Lap

OCCLUSION

- Metal Porcelain

- Cone Hygienic

LATERAL EXCURSION

- Cuspid guidance Group Function

PONTIC TISSUE RELIEF

- Yes, mm deep _____ No

LABIAL MARGIN

- Fine metal collar on tooth # _____ Lingual Metal Collar on tooth # _____
 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