

STANDARD PRESCRIPTION FORM

CLIENT INFORMATION

Doctor Name: Date:
 Signature:
 License #: Phone: () Fax: ()
 Address: City: State: Zip:
 Email:

NEED SUPPLIES

- Rx Forms Shipping Labels
 Boxes

LAB PLEASE CALL TO DISCUSS

- Overall Case Materials
 Esthetics Other:
 Occlusion

PREFERRED MEANS OF COMMUNICATION

- Phone: ()
 Email:

PATIENT INFORMATION

Patient Name: Male Female Age:

WORK AUTHORIZED

ANTERIOR RESTORATIONS

- Total # Units:
 "SELECT" Teeth #'s:
 (Single Units, All Ceramic, Monolithic, Pressed, Stained and Glazed)
 "ORIGINAL" Teeth #'s:
 "MASTER" Teeth #'s:

POSTERIOR RESTORATIONS

- Total # Units:
 "SELECT"
 (All Ceramic, Monolithic Stained and Glazed)
Material:
Single units: Pressed Lithium Disilicate "e.max"
 Full Contour Zirconia
Bridges: Full Contour Zirconia
 Total # Units:
 Teeth #'s:
 Occlusal Staining: None Light Natural
 "ORIGINAL"
 Teeth #'s:
 Special Request:
 Occlusal Staining: None Light Natural

BRIDGE PONTIC DESIGN

- Ovate Adjust Ridge Accordingly
 Ridge Lap No Ridge Adjustments

IMPLANT CASE

- Implant Brand:
 Implant Size:
ABUTMENT PREFERRED: Indicate Implant #.....
 Stock: Titanium Zirconia
 Custom: Titanium Zirconia
 UCLA Type: With Ceramic Metal Only
 Special Request:

TYPE/MATERIAL OF RESTORATIONS

(Applies to "ORIGINAL" and "MASTER" level restorations)

- TECHNICIAN'S PREFERENCE FOR MATERIAL**

METAL CERAMIC (PFM)

Teeth #'s:

Alloy Selection

- High Noble (51% Au Alloy)
 Noble (2% Au Alloy)
 Noble (25% Pd Alloy)

Design of Metal

- Metal-Ceramic Junction:
 Metal Lingual Collar:

Ceramic Margin: 180°: 360°:

ALL CERAMIC

- Teeth #'s:
 Pressed Empress/Authentic:
 Pressed Lithium Disilicate "e.max":
 Zirconia Framework:
 Feldspathic:

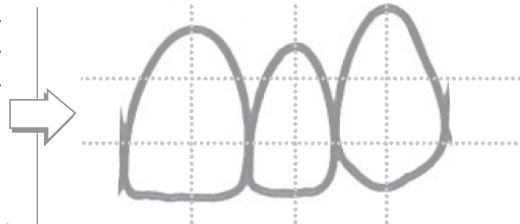
FULL CAST CROWN/ONLAY

- Teeth #'s:
 Gold Alloy: 71% Au 40% Au

SHADE INFORMATION

- Pre-Operative Tooth Shade:
 Requested Tooth Shade:
 Prepared Tooth Shade:
 All Teeth Same Color and Value
 Gradation of Color and/or Value
 (Central/Lateral/Cuspid)
 Distinct Translucency Zones
 Incisal Translucency: None Slight Significant

SHADE DIAGRAM



Please send photographs with case

- Length of Tooth #8:mm
 Lateral Incisors Shorter Than Central By:mm
 Maxillary Incisal Plane Parallel to Horizon
 Yes No
 Correct Incisal Plane Cant
 Correct Midline Cant

RX NOTES

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