

REQUIRED INFORMATION

Your Company: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____

ORDER DATE: _____
LAB DUE DATE: _____
Patient's Name: _____
AUTHORIZED SIGNATURE FOR WORK _____

CROWN & BRIDGE

ALL-CERAMIC

- Full/Solid Zirconia
- Anterior HT Zirconia
- Layered Zirconia
- e.max CAD
- Empress
- Crown
- Bridge
- Inlay/Onlay
- Veneer

PFM

- Non-Precious
- Semi-Precious (Metal Extra)
- High-Noble (Metal Extra)
- Maryland Bridge (NP)

FULL CAST

- Non-Precious
- Semi-Precious
- High-Noble (Metal Extra)

PMMA TEMPORARY

PMMA SCREW-RETAINED TEMPORARY

IMPLANT

Implant System: _____
Platform Size: _____
Manufacturer: _____

- Custom Ti Abutment
- Custom Hybrid Abutment
- Cement Retained
- Screw-Retained

REMOVABLE PROSTHETICS

- Acrylic
- Flexible
- Metal Frame
- Metal Bar
- Custom tray
- Bite block
- Single tooth replacement
- Partial denture
 - Upper
 - Lower
- Complete denture
 - Upper
 - Lower
- Wax-Up Try In
- Process / Finish

REPAIR

- Add Tooth
- Add Claps
- Hard Reline
- Soft Reline
- Rebase

EXTRA

NIGHT/DAY GUARD

- Astron
- Hard
- Hard/Soft
- Soft 2mm 3mm
- Sports "Play Safe" guard

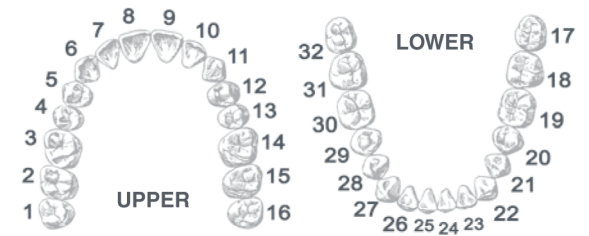
RETAINERS

- Essix retainers
- Ortho evaluation

TYPE OF RESTORATION

Tooth #: _____
Shade: _____
Shade Guide: _____
Stump Shade: _____

CIRCLE TEETH/ARCH(S)



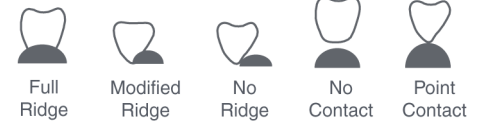
C&B SPECIFICATIONS

- Metal Margin on Buccal (mm)
- Metal-Porcelain Junction Margin
- 180° Porcelain Butt Margin
- 360° Porcelain Butt Margin

METAL DESIGN



PONTIC DESIGN



SPECIAL INSTRUCTIONS