

Pan# _____

Dr# _____

Date _____



DENTAL LAB RESTORATIVE Rx

Doctor _____ Requested Return Date _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____

Patient _____ M/F _____ Age _____

All Ceramic

Empress Esthetic e.max press e.max Zirpress to Zirconia

Custom Implant Abutments Zirconia Gold Hue Titanium e Max Stock

Composite

Premise Premise w/Connect

PSZ (Porcelain Stacked over Zirconia) Lava 3M Essential Zirconia

PFM (Porcelain Fused to Metal)

Metal collar on Ling./Buccal No metal collar Porcelain Butt Margin
 Metal Occ./Ling. Metal bite stop 360° Porcelain Butt Margin

Alloy

Bio PF (86% yellow gold) Gold 40% (White High Noble) Non-Precious (Base Metal)

Full Cast Gold

Type II JRVT 77% Gold (Inlays & Onlays) Type III JCB 62% Gold (Crowns & Bridges)

Gold Rush Posterior Department (6 Day turn around for all Porcelain and POM. 9 Day turn around time Zirpress.)

Empress Esthetic e.max press Authentic
 POM (Porcelain over Metal) e Max Zirpress to Zirconia Full Contour Zircornia

Pontic Design

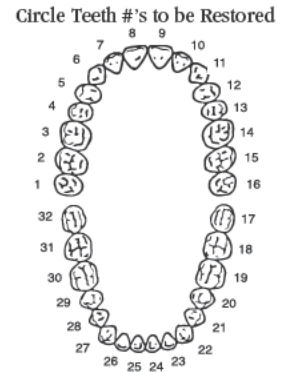
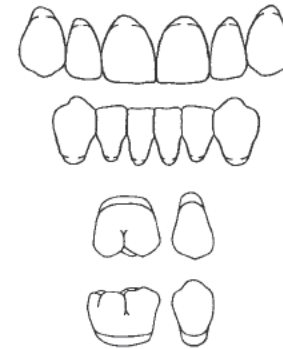
Ovate mm. Full Lap Buccal Lap Buccal Tip Sanitary Contact Sanitary Spaced Ridge Relief YES NO _____ mm.

Terms: Balances not paid within 30 days of statement are subject to a delinquency charge. Accounts that become 45 days past due will be placed on C.O.D., and a portion of the remaining balance will be added to each case delivered thereafter. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

Dentist's Signature _____

License # _____ Date _____

- Value (Brightness)
 High = Bright 030/BO
 Medium = 240/D2
 Low = Dark 540/C4
 Other _____
Posterior Shade Selection
Occlusal Halo
 None
 Bamboo (Pale Yellow)
 Bamboo/Orange
 Copper
 Lt. Brown



Shade _____ Prep Shade w/Tooth #'s _____

Pit/Fissure stain ... None Light Medium Heavy
Color ... Yellow Orange Brown Dark Brown

Hypo Calcification... Light Medium Heavy See Photos

OK to relieve opposing?... YES NO

OK to relieve prep.? ... YES NO w/Reduction Coping _____

Items Included With Case: Master Impression - Qty. _____ Media Card _____
 Opposing Impression or Model Pre-operative models _____ CD/DVD _____
 Model or Impression of Provisionals Photos - Qty. _____ Photos Email on (date): _____
Scan Submitted With: Cerec Connect 3Shape Trios I_Tero Lava C.O.S. _____ date

Preferred method of communication: Phone E-mail

Blank lines for notes or additional information.

Aesthetic prescription available for smile design and full mouth rehab cases. Go to www.golddustdental.com.

LABORATORY COPY