

RX DATE: _____ DUE DATE: _____
(if no due date assigned, standard YDL due date will be applied.)

DOCTOR NAME: _____ PATIENT NAME: _____

DOCTOR ADDRESS: _____

DOCTOR PHONE: _____ SEX: M / F

AGE: _____

FIXED

PORCELAIN-TO-METAL:

- Semi-Prec N
- White Prec HN
- Yellow Prec HN

FULL CAST CROWN:

- CBY 50
- Premium Yellow

TYPE OF COSMETIC RESTORATIONS:

- Porcelain Fused to Metal
- Full Gold
- Pressed Porcelain
- Procera
- Felspathic Veneers

INSTRUCTIONS

PONTIC DESIGN



RETURN FOR:

- Die Trim
- Evaluation
- Wax Check
- Bisque Bake
- Metal Try-In
- Finish

MARGIN DESIGN

- Porcelain Facial Margin
- Traditional PFM (Lingual Metal Band)
- Porcelain Margin 360°
- Show No Metal 360°
- Metal Margin 360°

MOLD OF CROWN DESIRED

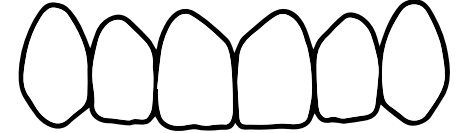
- Follow Study Model
- Match Existing
- Make Ideal

SURFACE ANATOMY

- Smooth
- Texture
- Mamelon Development
- Match Existing

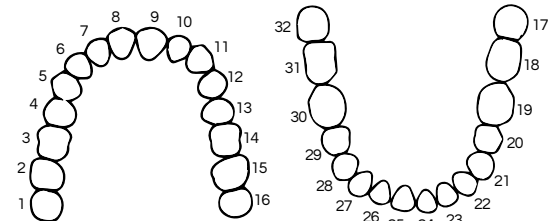
CHARACTERIZATION CHART

SHADE _____
 STUMP _____



CUSTOM SHADE

Patient Contact for Custom Shade: _____



UPPER ARCH

LOWER ARCH

VALUE:

- HIGH (Bright)
- MEDIUM
- LOW



INSTRUCTIONS/REMOVABLE

SLEEP APNEA/ORAL APPLIANCES

- Oasys
- TapIII
- Somnosed

HAVE YOU INCLUDED THE FOLLOWING?

- Impression
- Bite
- Opposing
- Pre-Op Model
- Photos
- Model of Temps

SIGNATURE OF DENTIST

DENTIST LICENSE #

Person signing this authorization accepts sole responsibility for payment to pay all finance charges and any legal fees associated with past due accounts. I also agree to terms and conditions in relation to price list and time schedules.