

Due Date: \_\_\_\_\_  
Due date should be no sooner than 14 calendar days after date shipped.  
For example today's date/shipped date 01/01/2007 schedule after 01/15/2007

**Doctor Information**

Name \_\_\_\_\_ Acc. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
License number \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_  M  F Age \_\_\_\_\_

**1. PORCELAIN FUSED TO METAL**

tooth # \_\_\_\_\_

- Crown
- Bridge
  - No ridgelap relief
  - Relieve Ridgelap \_\_\_\_\_ mm
- Maryland Bridge
- Captek
- HN (white gold)
- N (white gold)
- Base metal (Be free)

**Facial/buccal margin selection**

- Porcelain Butt
  - Facial Only
  - 360 degree
- Feather Edge
- Metal Margin \_\_\_\_\_ mm

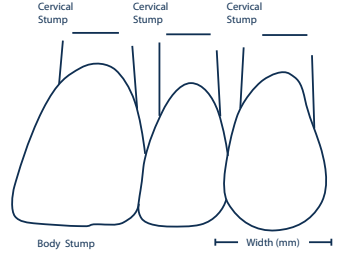
**Substructure design(circle one)**



**6. SHADE GUIDE USED**

- Vita Classic
- 3-D Master
- Other \_\_\_\_\_
- Chromascope
- Bioform

SHADE \_\_\_\_\_



**7. CONTACTS**

- |                              |                              |
|------------------------------|------------------------------|
| <b>Occlusal</b>              | <b>Interproximal</b>         |
| <input type="radio"/> Light  | <input type="radio"/> Light  |
| <input type="radio"/> Medium | <input type="radio"/> Medium |
| <input type="radio"/> Heavy  | <input type="radio"/> Heavy  |

**3. ALL CERAMIC**

tooth # \_\_\_\_\_

- |                                      |                                   |                                         |
|--------------------------------------|-----------------------------------|-----------------------------------------|
| <b>Pressable</b>                     | <b>Milled Full Contour</b>        | <b>Milled Ceramic Substructure</b>      |
| <input type="radio"/> E. Max         | <input type="radio"/> E. Max      | <input type="radio"/> Yttrium Zirconium |
| <input type="radio"/> Esthetic       | <input type="radio"/> Monolith YZ |                                         |
| <input type="radio"/> Press to YZ    |                                   |                                         |
| <input type="radio"/> Press to Metal |                                   |                                         |

**4. FULL METAL CROWN**

tooth # \_\_\_\_\_

- Full Metal Crown
- Full Metal Bridge
  - No ridgelap relief
  - Relieve Ridgelap \_\_\_\_\_ mm
- Inlay
- Onlay
- Post and Core
  - Additional Post for bi/trifurcated root
- HN (yellow gold) 51.9% Au

**8. PROVIDER COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL LAB USE ONLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. PREAUTHORIZED OCCLUSAL MODIFICATIONS (If space is limited)**

- Return for Dr. Evaluation
- Relieve Opposing
- Make Reduction Coping
- Disregard; Opposing Restored at Later Appointment