

#### Required Information

Doctor Name \_\_\_\_\_  
 Practice Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Rx Date \_\_\_\_\_  
 Due Date/Delivery on \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Patient Chart # \_\_\_\_\_  
 M  F \_\_\_\_\_ DOB \_\_\_\_\_  
 UPS  FEDEX Tracking # \_\_\_\_\_

*Case turnaround times is based on the date we receive the case, as well as ALL the information being correct and completed on the RX. If the RX is incomplete, we CANNOT guarantee a delivery date until all the information is received by the lab.*

#### Case Instructions

Tooth Shade \_\_\_\_\_ (Required)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

#### Restoration

Crown  
 Bridge  
 Type \_\_\_\_\_  
 Diameter \_\_\_\_\_

#### PFM

White HN\*  
 Semi-precious  
 Non-precious  
 Yellow HN

#### All-Ceramic

Zirconia Solid  
 Zirconia Layered  
 IPS e.max®  
(not w/ titanium abutment)  
 Lithium Disilicate

#### Return For

Finish\*  
 Die Trim  
 Bisque  
 Metal Try-in

#### To be included

Lab analog  
 Impression coping  
 Abutment  
 Others

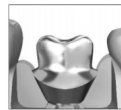
#### Cement Retained Crown

Custom Titanium Abutment\*  
 Custom Zirconia Abutment

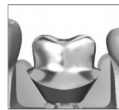
#### Design

L - 0.5mm  
 B - 1mm  
 D - 0.5mm  
 M - 0.5mm

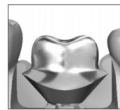
#### Emergence Profile



Follow tissue (no expansion)



Contour design (expand tissue by 0.5mm)



Anatomical (fully expand tissue)

#### Screw Retained Crown

Screw retained - change to cement retained if not possible  
 Screw retained - continue regardless of access hole position

Zirconia Solid  
(Posterior default)  
 PFM  
 Solid Lingual  
(Anterior default)  
 Full cast crown

#### Emergence Profile

Push tissue by 0.5mm  
 Anatomical design  
 Ridge lap on buccal

#### Crown Design

#### If Insufficient Room

Trim opposing\*  
 Call to discuss  
 Metal occlusal  
 Reduction coping  
 Resin\*  Metal  
 Metal island

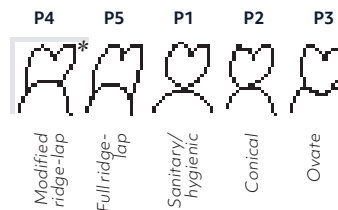
#### Occlusal Clearance

Light\*  
 Open  
 Tight

#### Contact

Light\*  
 Medium  
 Heavy

#### Pontic Design



Show no metal 360°\*



Lingual metal collar (traditional)

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dentist signature\*\* \_\_\_\_\_

(Required by law)

Dentist license no. \_\_\_\_\_

(Required by law)

\*\*The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Cadmus Dental Lab in the event the account is sent to collections or litigation.

*Patient Photos - Please send case photos via email to [photos@cadmusdentallab.com](mailto:photos@cadmusdentallab.com)*

*Case Questions - Please email any questions, technical concerns and applicable remake requests to [customerservice@cadmusdentallab.com](mailto:customerservice@cadmusdentallab.com)*