

Crown & Bridge Rx

Laboratory Procedure Prescription

1925 E 2nd Avenue Ste. 101 Tampa Fl 33605

Required Information					Rx	Date													
		Due Date/Delivery on																	
Doctor Name								Patient Name											
Practice Name							Patient Chart #												
Address							□ M □ F DOB												
							UPS Tracking #												
Phone							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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
Restoration		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
□ Crown □ Bridge □ No-prep Veneer □ White HN* □ Semi-precious □ Non-precious □ Non-precious □ Yellow HN (for PFM) Full Cast □ Full cast Yellow HN gold □ Full cast White HN □ Full cast Semi-precious □ Crown Under Partial □ Full cast White Non precious □ Full cast White Non precious								Metal-Free Other □ Zirconia Solid (not recommended for anterior) □ Diagnostic wax-up (Clear stent) □ Zirconia Layered □ Putty matrix □ High Translucent Zirconia (max 3 unit bridge) □ Temporary w/ mer □ Solid lingual with porcelain facial □ Finish* □ IPS e.max® Press (max 3 unit bridge) □ Die Trim □ Lithium Disilicate □ Bisque □ Temporary crown □ Metal Try-in											
PFM Design							Cro	wn	Desi	gn									
Please circle your choice(s) of margin com	combination for PFM:						Characterizations					Pontic Design							
Show no metal 360°* All porcelain Metal collar shoulder 360° shoulder 360° shoulder 180′	ain metal co ler (traditior	Lingual Metal Metal lingual (traditional)										Madified hide-principle of the principle							
If Insufficient Room	Occlusal Contact						Tooth Shade					Shade Guide Used							
☐ Trim opposing*	-	☐ Light*					(Required)					(vita is default)							
☐ Call to discuss												Pink	Tissu	e Sha	de				
☐ Metal occlusal☐ Reduction coping	☐ Tig					(Re	equirea	for IPS	e.max®)									
☐ Resin* ☐ Metal ☐ Metal island	esin* 🗆 Metal 💢 Light*							Notes											
☐ Trim prep no coping	□ Ме					_													
Patient Photos - Please send case		•	l to			_													

Case Questions - Please email any questions, technical concerns and applicable remake requests to

customerservice@cadmusdentallab.com

photos@cadmusdentallab.com

cadmusdentallab.com | (800) 818-1704

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.