

Crown & Bridge Rx

Laboratory Procedure Prescription

5701 E Hillsborough Ave, Ste 2120 Tampa, FL 33610

Required Information Doctor Name						Date	e										
						Due Date/Delivery on											
						Patient Name											
Practice Name						Patient Chart #											
Address																	
Phone					infor	mation	being co	rrect and	comple	ted on th		e RX is ii	, as well a incomplete he lab.				
Case Instructions	_1	1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Restoration	3	2	31 30	29	28	27	26	25	24	23	22	21	20	19	18	17	
□ Bridge □ White HN* □ Veneer □ Semi-precious □ Inlay / Onlay □ Non-precious □ Implant □ Yellow HN (for PFM) □ Post & Core □ Full Cast □ Diagnostic Wax-up □ Full cast Yellow HN gold □ Rest Seats □ Full cast White HN □ (specify) □ Full cast Semi-precious □ Full cast White Non precious □ Full cast White Non precious						Metal-Free Other □ Zirconia Solid □ Diagnostic (not recommended for anterior) □ Clear stent □ Zirconia Layered □ Putty matrix □ High Translucent □ Temporary Zirconia □ Temporary (max 3 unit bridge) □ Temporary □ IPS e.max® Press □ Die Trim (max 3 unit bridge) □ Die Trim □ Lithium Disilicate □ Bisque □ Temporary crown □ Metal Try-ir							t rix y y w/ n				
PFM Design						Cro	own	Desi	gn								
Please circle your choice(s) of margin combination for PFM:					(Characterizations						Pontic Design					
Show no metal 360°* All porcelain Metal collar shoulder 360° 360° 180°		metal collar occlusal lingual										Modified ridge-lags Sanitary, Agricult Agricultus Sanitary					
If Insufficient Room Occlusal Contact						Tooth Shade					Shade Guide Used						
☐ Trim opposing*						(Required)						(vita is default)					
☐ Call to discuss ☐ Metal occlusal	□ Open □ Tight					Stump Shade(Required for IPS e.max®)						Pink Tissue Shade					
☐ Reduction coping ☐ Resin* ☐ Metal ☐ Metal island ☐ Trim prep no coping	Interproximal Contact Light* Medium Heavy																
Patient Photos - Please send case p photos@cadmusdentallab.com	hotos via em	ail t	0		D	entis	t sign	ature	**								
Case Questions - Please email any		chn	ical cond	cerns		equired i		ise no) .								

(Required by law)

cadmusdentallab.com | (800) 818-1704

customerservice@cadmusdentallab.com

**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.