

Required Information

Doctor Name _____
 Practice Name _____
 Address _____

 Phone _____

Rx Date _____
 Due Date/Delivery on _____
 Patient Name _____
 Patient Chart # _____
 M F _____ DOB _____
 UPS 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

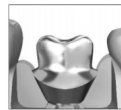
Cement Retained Crown

Custom Titanium Abutment*
 Custom Zirconia Abutment

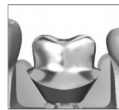
Design

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

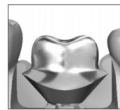
Emergence Profile



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

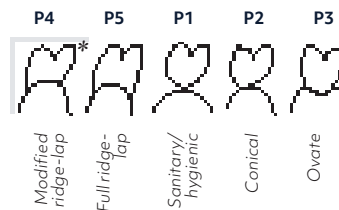
Occlusal Clearance

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

Case Questions - Please email any questions, technical concerns and applicable remake requests to customerservice@cadmusdentallab.com