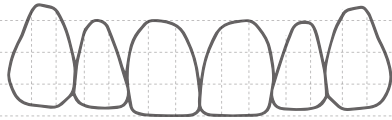


Doctor: _____
Street: _____
City: _____ Ph: _____

CROWN & BRIDGE RX

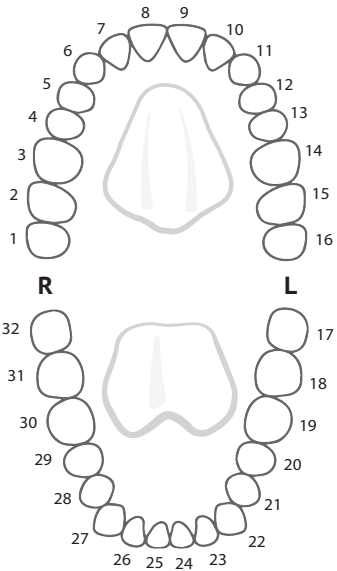
RX Date:	Patient:	Sex: M F
Due Date:	<input type="checkbox"/> (PFZ) Porcelain Fused to Zirconia	Age: _____
AM:	<input type="checkbox"/> Emax (Pressible all ceramic)	TRY-IN <input type="checkbox"/>
PM:	<input type="checkbox"/> Translucent Zirconia Bruxzir	PROCESS <input type="checkbox"/>
	<input type="checkbox"/> Zirconia Bruxzir	
	<input type="checkbox"/> 3M Lava Esthetic	
	<input type="checkbox"/> Full Gold Crown	
	<input type="checkbox"/> Custom Abutment	

Ceramic Shade Instructions



Shade: _____

Stump: _____



R

L

Type of Fabrication

- Coping W. Full Porcelain
- Metal Coping W. Full Porcelain
- 360° Metal Margin
- Metal Occlusal excluding Buccal
- Metal Occlusal including Buccal
- 3/4 Metal Lingual
- 1/4 Metal Lingual
- 1mm Porcelain Margin

Type of Alloy

- Non Precious 0%
- Semi Precious 2%
- White Precious 45%
- Yellow Precious 60%
- Yellow Precious 2%
- _____

Pontic Design



Dr. Instructions

Doctor Signature _____

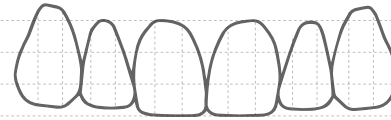
Date: _____

Doctor: _____
Street: _____
City: _____ Ph: _____

CROWN & BRIDGE RX

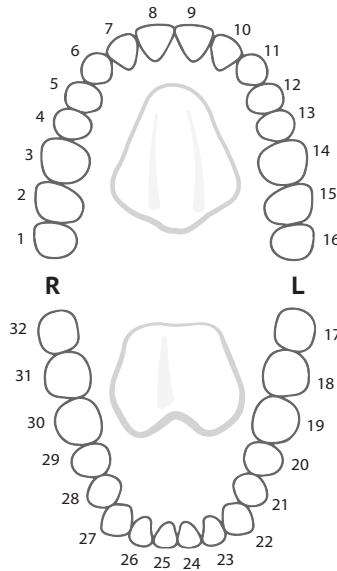
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