



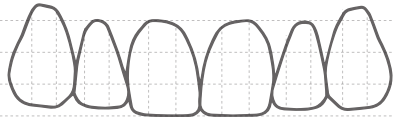
503 SW 5th Ave.
Meridian, ID 83642
208-888-1927

Doctor: *
Practice: *
Street: *
City: * Ph: *

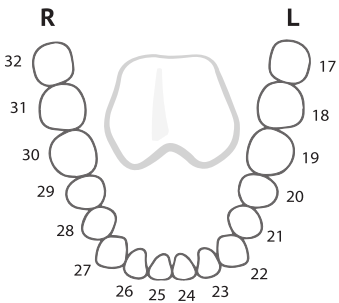
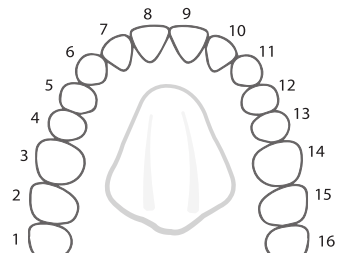
CROWN & BRIDGE RX

RX Date: *	Patient: *	Sex: M F
Due Date:	<input type="checkbox"/> Zirconia Bruxzir <input type="checkbox"/> (PFZ) Porcelain Fused to Zirconia <input type="checkbox"/> Temporary <input type="checkbox"/> Emax	Age:
AM:	<input type="checkbox"/> Full Gold Crown <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Hybrid Abutment <input type="checkbox"/> Screw Retained	
PM:		

Ceramic Shade Instructions



Shade: Stump:



Type of Coping

- 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

- | | |
|---|---------------------------------|
| <input type="checkbox"/> High Noble Alloy | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Noble Alloy | <input type="checkbox"/> White |
| <input type="checkbox"/> Base Alloy | _____ % |

Pontic Design



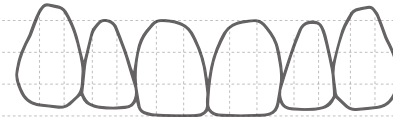
503 SW 5th Ave.
Meridian, ID 83642
208-888-1927

Doctor: *
Practice: *
Street: *
City: * Ph: *

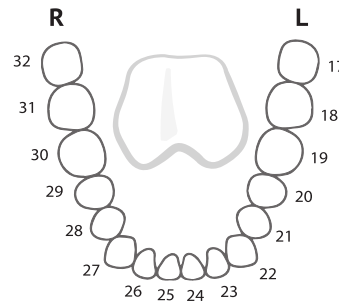
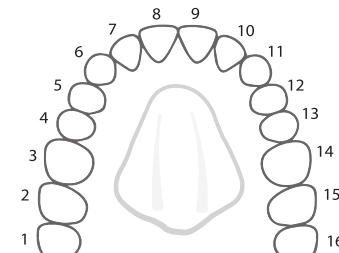
CROWN & BRIDGE RX

RX Date: *	Patient: *	Sex: M F
Due Date:	<input type="checkbox"/> Zirconia Bruxzir <input type="checkbox"/> (PFZ) Porcelain Fused to Zirconia <input type="checkbox"/> Temporary <input type="checkbox"/> Emax	Age:
AM:	<input type="checkbox"/> Full Gold Crown <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Hybrid Abutment <input type="checkbox"/> Screw Retained	
PM:		

Ceramic Shade Instructions



Shade: Stump:



Type of Coping

- 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

- | | |
|---|---------------------------------|
| <input type="checkbox"/> High Noble Alloy | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Noble Alloy | <input type="checkbox"/> White |
| <input type="checkbox"/> Base Alloy | _____ % |

Pontic Design



Dr. Instructions

Dr. Signature *

Date: *

*Required Field

Dr. Instructions

Dr. Signature *

Date: *

*Required Field