PROSTHODONTIC DENTAL LAB
271 South Downing Street, Denver, CO 80209 Ph: 720-365-9867
Fixed Laboratory : 720-219-6866
www.prosthodonticdentallab.com
info@prosthodeonticdentallab.com

Crown & Bridge Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
(Last) (First)

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart #_____ ☐ M ☐ F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at PDL. Please allow 10 business days (M-F) from that date and 13 business days for complex cases.

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

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

Metal PFM

- ☐ White HN*
- ☐ Semi-precious
- ☐ Non-precious
- ☐ Yellow HN (for PFM)
- ☐ Captek™

Full Cast

- ☐ Full cast Yellow HN gold
- ☐ Full cast Yellow noble (2% AU)
- ☐ Full cast White HN
- ☐ Full cast Semi-precious
- ☐ Full cast Non precious
- ☐ Full cast Medicaid
- ☐ Hybrid ☐ Bruxier
- ☐ Nano-ceramic ☐ Zirconia

Zirconia / All Ceramic

- ☐ Zirconia Solid (not recommeded for anterior)
- ☐ Zirconia Layered
- ☐ High Translucent (max 3 unit bridge)
- ☐ Solid lingual with porcelain facial
- ☐ IPS e.max® Press (max 3 unit bridge)

Other

- ☐ Composite resin
- ☐ Temporary (acrylic)
- ☐ Temporary w/ metal

Return for

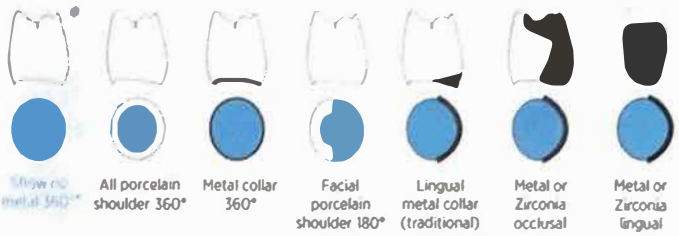
- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in
- ☐ Finish*

Restoration

- ☐ Crown
- ☐ Bridge
- ☐ No-prep veneer
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant
- ☐ Post & core
- ☐ Diagnostic wax-up
- ☐ Rest seats
  (specify) _____
- ☐ Crown under partial
  (specify) _____

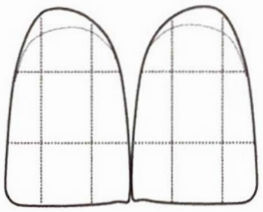
MARGIN DESIGN

Please circle your choice(s) of margin combination



CROWN DESIGN

Characterizations



Pontic Design

Tooth Shade _____ Shade Guide Used _____
(REQUIRED) (Vita is default)

Stump Shade _____ Pink Tissue Shade _____
(REQUIRED FOR E.MAX)

If Insufficient Room

- ☐ Trim opposing*
- ☐ Call to discuss
- ☐ Metal occlusal
- ☐ Reduction coping
- ☐ Metal island
- ☐ Trim prep no coping

Occlusal Contact

- ☐ Light*
- ☐ Open
- ☐ Tight

Interproximal Contact

- ☐ Light*
- ☐ Medium
- ☐ Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: info@prosthodeonticdentallab.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 PDL in the event the account is sent to collections or litigation.

_____

_____

_____

_____

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)

*Standard design if an option is not selected