

Fixed Restoration Prescription Form

Dr	Date Sent	Case Reference #
Patient	Date Due	

RESTORATION DESIRED

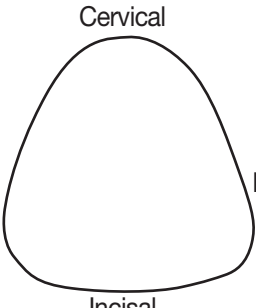
Crown
 Bridge
 Veneer
 Inlay/Onlay
 Splinted Crowns
 Diagnostic Wax Up

PFM	E.Max	Zirconia	Full Cast Metal	Post & Core	Implant
<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Pressed	<input type="checkbox"/> Monolithic	<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Screw-Retained
<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> CAD	<input type="checkbox"/> Layered	<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> Cement-Retained
<input type="checkbox"/> Precious			<input type="checkbox"/> Precious	<input type="checkbox"/> Zirconia	<input type="checkbox"/> Custom Abutment
<input type="checkbox"/> High-Noble			<input type="checkbox"/> High-Noble		

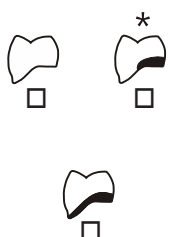
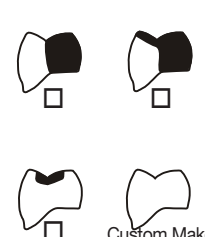
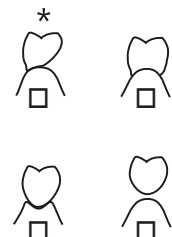
TOOTH SELECTION

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

TOOTH #

<p>SHADE & STAINING</p> <p>SHADE</p> <p>Occlusal Stain</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium</p> <p>Cervical Stain</p> <p><input type="checkbox"/> None* <input type="checkbox"/> Light <input type="checkbox"/> Medium</p>		<p>IF INSUFFICIENT SPACE</p> <p><input type="checkbox"/> Adjust Opposing</p> <p><input type="checkbox"/> Adjust Prep</p> <p><input type="checkbox"/> Adjust Prep & Reduction Coping</p> <p><input type="checkbox"/> Use Metal Island</p> <p><input type="checkbox"/> Use Metal Occlusion</p> <p><input type="checkbox"/> Contact to Discuss</p>
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TOOTH Particular Design

Metal Margin	Metal Occlusion	Pontic Design	Occlusal Contact	Contacts Point	Interproximal
			<input type="checkbox"/> mm Clearance <input type="checkbox"/> No Contact* <input type="checkbox"/> Light Contact <input type="checkbox"/> Full Contact	<input type="checkbox"/> Normal* <input type="checkbox"/> Broad <input type="checkbox"/> Narrow	<input type="checkbox"/> Natural* <input type="checkbox"/> Close <input type="checkbox"/> Open

SPECIAL INSTRUCTIONS

*Customer standard protocol is followed unless specified on the prescription form.