Dental Mx. Lab

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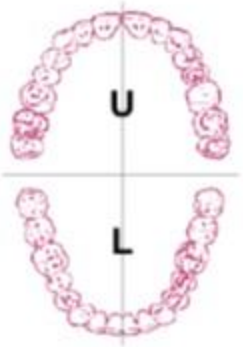
Rx Remember to include: Rx form, Impression, Opposite model and Wax bite.

Send date_____Due date_____
Clinic _____
Dentist _____
Patient _____
Ref no. _____
○ Male ○ Female Age _____

☐ New Case ☐ Lab Adjust
☐ Try-in ☐ Lab Remake
(Requires old prosthesis work)
☐ Rush Case

○ Crown ○ Bridge

☐ Porcelain Fused to Metal #_____
☐ Full Metal #_____
☐ In-Ceram #_____
☐ IPS e.max #_____
☐ Procera #_____
☐ Cercon #_____
☐ Empress Esthetic Inlay/Onlay #_____
☐ Empress Esthetic Veneer #_____
☐ Composite #_____
☐ Maryland Bridge #_____
☐ Post & Core #_____
☐ Telescopic #_____
☐ Temporary #_____
☐ Implant Service #_____
☐ Cast Partial Frame #_____
☐ Acrylic Denture #_____
☐ Other _____



SHADE:_____

ENCLOSED WITH CASE

☐ Impression ☐ Study Model
☐ Bite ☐ Old Prosthesis
☐ Working Model ☐ _____

METAL

☐ Non-Precious ☐ Gold
☐ Palladium Base ☐ White Gold
☐ Semi-Precious 52% ☐ _____
☐ Precious 86%

MARGIN DESIGN

☐ Metal_____mm
☐ Porcelain Margin_____mm
(Only if shoulder is prepared)

 Full porcelain
 3/4 metal occlusal
 360° metal margin
 Full metal occlus al
 Lingual metal margin
 Metal fissures

Anterior

 Full porcelain
 3/4 lingual metal
 Lingual metal margin
 Full lingual metal

PONTIC DESIGN

STAINING

☐ None ☐ Light ☐ Medium ☐ Dark
○ Occlusal ○ Gingival

ADDITIONAL INSTRUCTION