

Crown and Bridge Rx

Laboratory Procedure Authorization

REQUIRED INFORMATION

This is my first case with DDS Lab

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

E-mail _____

Patient Name _____

Patient Chart # _____ M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____
(standard working time if no date given)

Case turnaround times are based on the date the prescription is received at DDS Lab. Please allow at least 10 business days (M-F) from that date.

CASE INSTRUCTIONS

Tooth Numbers 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**
- White HN*
 - Semi-precious
 - Non-precious
 - Yellow HN (for PFM)
 - Full cast yellow HN gold
 - Full cast yellow noble (2% AU)

- All-Ceramic**
- IPS e.max® Press
 - IPS Empress® Esthetic
- Other**
- Composite resin
 - Temporary (acrylic)

- Zirconia**
- Zirconia Solid
 - Zirconia Layered
 - Zirconia HT (High Translucent)

- Return for**
- Die trim Bisque
 - Metal try-in Finish*
- Restoration**
- Crown Inlay/Onlay Post & core
 - Bridge Veneer Implant
 - No-prep veneer Diagnostic wax-up

*Standard design if an option is not selected.

To request supplies, email AccountManager@ddslab.com

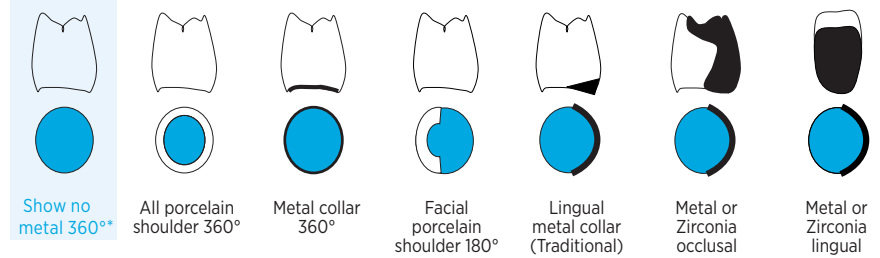


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**The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees. RX-CNB2016 © 2016 DDS Lab. FM4-7506-05-001 All rights reserved.

MARGIN DESIGN

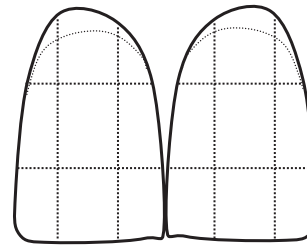
Please circle your choice(s) of margin combination.



*Standard design if an option is not selected.

CROWN DESIGN

Characterizations



Shade _____

Pontic Design



*Standard design if an option is not selected.

Stump Shade _____
(required for Empress/e.max)

If Insufficient Room

- Trim opposing*
- Reduction coping
- Metal occlusal
- Metal island

Occlusal Clearance

- Light*
- Open
- Tight

Contact

- Light*
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case.

Dentist signature** _____ Dentist license no. _____

- Script has been reviewed for accuracy, legibility and completion. Impressions have been approved by the dentist.

LAB USE ONLY

Impression _____ Model _____

Bite _____ Articulator _____ Parts _____

Crown Bridge Other _____ Appliance Enclosed _____