

# 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 DDS Lab. 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

### Zirconia / All Ceramic

- Zirconia Solid (not recommended 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

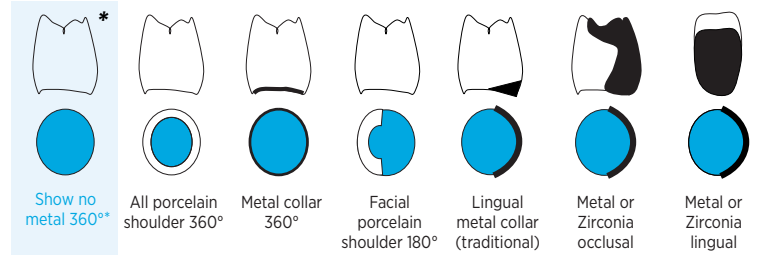
- Die trim
- Bisque
- Metal try-in
- Finish\***

### Restoration

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

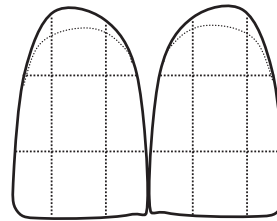
## MARGIN DESIGN

Please circle your choice(s) of margin combination

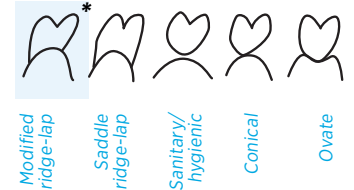


## CROWN DESIGN

### 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: [ddslabpix@ddslab.com](mailto:ddslabpix@ddslab.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 DDS Lab 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**