

ACCOUNT # _____ PHONE # (_____) _____

DR. _____

PATIENT _____ (LAST) / _____ (FIRST)

DELIVERY DATE _____ (ALL DELIVERIES GUARANTEED BY 5PM)

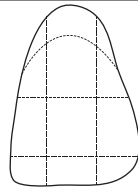
OFFICE USE ONLY

APPOINTMENT DATE/TIME _____

- | | |
|--|---|
| <input type="checkbox"/> DR. TO TRIM DIE | <input type="checkbox"/> BISQUE BAKE TRY-IN |
| <input type="checkbox"/> METAL TRY-IN | <input type="checkbox"/> FINISH* |

SHADE INSTRUCTIONS

DESIRED SHADE _____



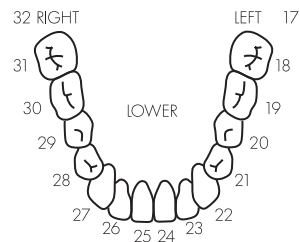
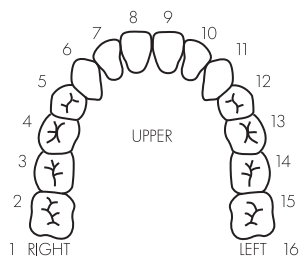
*PLEASE E-MAIL PHOTOS TO MRCROWN@MRCROWN.COM

SPECIAL ENCLOSURES

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> PHOTOS | <input type="checkbox"/> SHADE TAB |
| <input type="checkbox"/> STUDY MODELS | <input type="checkbox"/> OPPOSING MODEL |
| <input type="checkbox"/> OTHER _____ | |

Rx

PLEASE PRINT INSTRUCTIONS CLEARLY



PORCELAIN FUSED TO METAL/GOLD

- NORITAKE FUSED TO NON-PRECIOUS*
- NORITAKE FUSED TO SEMI-PRECIOUS
- NORITAKE FUSED TO WHITE HIGH NOBLE
- NORITAKE FUSED TO YELLOW HIGH NOBLE

FULL CAST RESTORATIONS

- HIGH NOBLE 62 (FULL GOLD CROWN)*
- FULL CAST WHITE HIGH NOBLE
- FULL CAST NON-PRECIOUS
- GOLD INLAY/ONLAY

ALL-CERAMIC & COMPOSITE RESTORATIONS

- | | |
|--|--|
| <input type="checkbox"/> ZENO ZIRCONIA (PFZ) | <input type="checkbox"/> BRUXZIR (FULL ZIRCONIA) |
| <input type="checkbox"/> E.MAX® ESTHETICS | <input type="checkbox"/> TARGIS/VECTRIS |
| <input type="checkbox"/> E.MAX® FULL CONTOUR | <input type="checkbox"/> PORCELAIN LAMINATE VENEER |

PRO-TEMPS (TEMPORARY CROWNS)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> SINGLE UNIT TEMP | <input type="checkbox"/> SPLINTED* |
| <input type="checkbox"/> CAST METAL FRAME | <input type="checkbox"/> WIRE |

IMPLANT INFORMATION

SYSTEM _____ SIZE _____

FINAL CROWN TYPE

- CEMENTABLE CROWN (SEPARATE FROM ABUTMENT)
- CEMENTABLE CROWN W/ ACCESS HOLE (SEPARATE FROM ABUTMENT)
- CEMENT CROWN TO ABUTMENT IN LAB***
- ONE PIECE SCREW RETAINED

***ONCE CROWN IS CEMENTED TO ABUTMENT, WE CANNOT MAKE ANY ADJUSTMENTS TO THE CROWN. WE ARE NOT RESPONSIBLE FOR THE REMAKE OF THE CROWN AND COST OF NEW ABUTMENT. NEW CHARGES WILL APPLY.

ATLANTIS CUSTOM ABUTMENT

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> ZIRCONIA | <input type="checkbox"/> TITANIUM | <input type="checkbox"/> GOLD-SHADED Ti |
|-----------------------------------|-----------------------------------|---|

ENCODE CUSTOM ABUTMENT BY BIOMET 3i

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> ZIRCONIA | <input type="checkbox"/> TITANIUM | <input type="checkbox"/> SCREW RETAINED |
|-----------------------------------|-----------------------------------|---|

NIGHTGUARDS, MOUTHGUARDS AND SPLINTS

- SOFT(3MM)
- HARD/SOFT(3MM)
- HARD(2MM)
- MOUTHGUARD (PLEASE SPECIFY UNDER NOTES)
- RETAINER
- BLEACHING TRAY

BUCCAL DESIGN

- PORCELAIN JUNCTION MARGIN*
- HAIR LINE METAL MARGIN _____ MM
- PORCELAIN BUTT MARGIN (90° SHOULDER REQ.)

PONTIC DESIGN

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | |
| NO CONTACT | FULL RIDGE | PARTIAL RIDGE* | CONTACT | SOCKET RIDGE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COPING DESIGN

- ALL PORCELAIN COVERAGE
- METAL LINGUAL COLLAR*
- METAL OCCLUSAL EXCLUDING BUCCAL CUSP
- METAL OCCLUSAL INCLUDING BUCCAL CUSP

ANTERIOR LINGUAL DESIGN

- | | | |
|-------------------|-------------------|-------------------|
| | | |
| 1/4 METAL LINGUAL | 1/2 METAL LINGUAL | 3/4 METAL LINGUAL |

OCCLUSAL STAINING

- NONE
- LIGHT*
- MEDIUM
- DARK

GINGIVAL EMBRASURES

- | | |
|----------------------------------|-------------------------------|
| | |
| <input type="checkbox"/> CLOSED* | <input type="checkbox"/> OPEN |

IF NOT ENOUGH OCCLUSAL CLEARANCE

- | | | |
|---|---|--|
| <input type="checkbox"/> CALL* | <input type="checkbox"/> METAL ISLAND | <input type="checkbox"/> SPOT OPPOSING |
| <input type="checkbox"/> SPOT PREP/REDUCTION COPING** | <input type="checkbox"/> SPOT PREP/MARK MODEL | |
| <input type="checkbox"/> METAL OCCLUSAL/METAL LINGUAL** | | |

OCCLUSAL CONTACT

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> IN-OCCLUSION | <input type="checkbox"/> OUT OF OCCLUSION* |
|---------------------------------------|--|

PLEASE SEND THE FOLLOWING

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> RX FORMS | <input type="checkbox"/> BOXES/BAGS |
| <input type="checkbox"/> MAILING LABELS | <input type="checkbox"/> OTHER _____ |

SIGNATURE _____ D.D.S. LICENSE # _____