

Date: _____ Phone #: _____ Doctor: _____

Office Name: _____ Office Address: _____

Patient Name: _____ Male Female Age: _____

Return Date: _____ Return Time: _____ AM _____ PM (Rush dates not guaranteed without prior approval; charges may apply.)

Crown & Bridge / Implants

Tooth Shade(s): _____ Stump Shade: _____ (Shade may determine material choice due to esthetics)

Materials:

- Zirconia: FZ (Strongest)* HTFZ (Hi-Translucent)
Default
 PFZ (Layered)
- Lithium Disilicate: e.max®
- PFM Alloy: Yellow High Au (+70%) White Ag-Pd; Au (1-3%)*
Default
 Other _____
- FGC Alloy: Yellow High Au (+70%) Yellow Med Au (40-60%)*
Default
 Low Au (1-3%) Other _____
- Other: Post & Core PMMA Temp
 Diagnostic Wax Up

Please indicate case requirements below:

- Centric Contact: Positive Shim Relief*
Default
 Double Relief
- Pontic Design: Hygenic _____ mm Ridge Lap*
Default
 Ovate _____ mm
- Lat. Excursion: Cuspid Guidance Group Function
 Cross Bite
- Occlusion: Ceramic Metal In Centric
 All Metal
- Margin: Ceramic Butt Combination*
Default
 Fine Metal

Study models of pre-op/temps highly recommended for anterior restorations.

- Shade photo attached Email: info@shantodental.com Custom Shade - Book an online appointment at shantodental.com
 Upload: shantodental.com

Implant Restoration

Implant System Manufacturer: _____

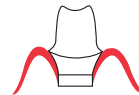
Platform (Connection), Size/Type: _____

- Retention: Screw ASC (Angulated Screw Channel)
 Cement

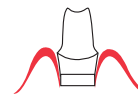
Abutment(s):

- Stock: Ti -Base Ti - Abutment
- Custom: Titanium Zirconia (w/Ti-base) All Zirconia
 Cast (UCLA) Temp

Custom Abutment Emergence Profile:



Tissue Displacement



Minimal Displacement

If No Occlusal Clearance:

- Adjust opposing Phone call Reduction coping
 Make this permanent preference

Notes:

Signature _____

License _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions.

