

RX DATE: _____

DUE DATE: _____

Note: If no due date is assigned, a standard Prowest date will be applied

DR. NAME/ADDRESS:

PATIENT NAME: _____

DR. PHONE: _____

SEX: M F AGE: _____

Teeth Numbers

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

Pontic Design



Type of Restoration

Pressed Ceramics

- ISP Empress Esthetic
- IPS Eris
- ProVeneer™
- Post and Core
- DX Wax-Up

Reinforced All Ceramics

- Everest Z + eMax
- Procera Z + eMax

Metal Reinforced Ceramics

- Perfect Press
- ISP d. Sign or ISP In-Line

Indirect Resin

- Concept
- ProWing Ant Bridge
- FRC Resin P&C

Metal

- Full Gold Crown
- Full Gold P&C

Implant Restorations: Implant Brand Type _____

- Custom Metal Abut.
- Custom Zirconium Abut.
- Surgical Guide Stent

Shape of Crowns Desired

- Follow Study Model (Provisionals)
- Follow Wax-Up
- Make Ideal
- Lengthen Teeth # _____
 Amount _____

Occlusal Clearance

- In Occlusion
- Out of Occlusion
- Foil Relief

Special Instructions

- Return for Die Trim
- Soft Tissue Model
- Bisque Try-in
- Other: _____

Articulation

- Type of Articulator Desired: _____
- Facebow Record Enclosed

Call me (Before proceeding with case)

Anterior Characterization

Final Shade

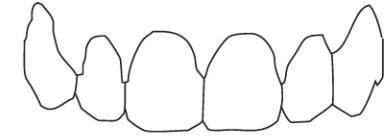
- Cervical: _____
- Body: _____
- Incisal: _____

- Incisal: Clear White Amber Frosted
- Texture: High Medium Low Match Existing
- Lobing: Clear White Amber Frosted
- Finish: High Gloss Polish Gloss Low Luster



Preparation Shade

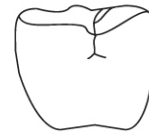
- Prep Shade Cervical: _____
- Prep Shade Body: _____
- Photo Enclosed: _____
- Photo Shade Guide Used: _____
- Details: _____



Posterior Occlusal

Final Shade

- Occlusal Stain: None Light Medium Amber Heavy: Brown & Amber
- Hypocalcification: None Light Medium Cream/White Heavy: White



Stain & HypoCal. Placement:

Alloy Selection

- Alloy: High Nobel Semi Precious Non-Precious
 - Metal Color (Nobel Only): Yellow White
- Same As glidewells Here

Margin Design

- All Porcelain Facial Margin
- All Porcelain Margin 360°
- Metal Margins: .5 mm/1mm

Medline Shift

- R _____mm
- L _____mm

Final Length of Centrals

_____mm
From Cervical Margin to Incisal

Instructions:

Signature of Dentist _____ Dentist License # _____