

Crown & Bridge Night Guard Rx

OFFICE USE ONLY

DATE RECEIVED _____
 FEDEX ___ UPS ___ ON-TRACK ___ UNIDENT _____
 TRACKING NO. _____
 DELIVER BY _____ BY _____

Dentist Information

Today's RX Date _____
 Due by 5:00pm _____
 Dr. Account _____
 Dr. Name _____
 Dr. Phone _____
 Address _____
 City _____ State _____ Zip _____

Patient Information

Patient _____

Crown & Bridge Rx

Zirconia

- Full Contour Zirconia Basic (posterior restoration)
- Full Contour Zirconia HT Basic (anterior restoration)
- Porcelain Fused to Zirconia (recommended for anterior restoration)

All Ceramic (Lithium Disilicate - IPS e.Max)

- Porcelain Layered e.Max (recommended for anterior)
- Monolithic e.Max Crown (recommended for posterior)
- Porcelain Layered e.Max Veneer
- Monolithic e.Max Veneer
- Inlay/Onlay e.Max

Premium Restorations - MargeStudio

(Master Ceramist only for best aesthetics & custom shade)

- Porcelain Fused to Zirconia
- Porcelain Layered e.Max
- Porcelain Layered e.Max Veneer
- Monolithic e.Max Crown

Provisional

- PMMA Crown
- PMMA Bridge

Full Metal Retorations

- Au 58% YellowGold (High Noble)
- Au 2% Warm Yellow (Noble)
- Semi-Precious Silver Color (Noble)

Digital Diagnostic Services

- Digital Diagnostic Wax-up
- 3D Print Models & Articulate
- Putty Index Matrix

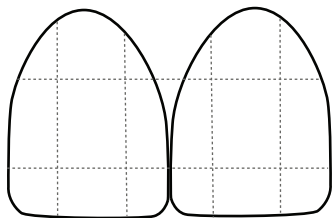
3D Printed Models (for digital Impressions)

- Quad 3D Printed Models
- Half Arch 3D Printed Models
- Full Arch 3D Printed Models

Design & Specifications

Characterization

Request Custom Shade



Shade: _____
(REQUIRED)

Stump
 Shade: _____
(REQUIRED for Glass Ceramics or Esthetic Zirconia)

Tissue
 Shade: _____

Pontic Design



Full Ridge



Partial Ridge



No Ridge



Point Contact



No Contact

Indicate Tooth Numbers

Upper Arch

2 3 4 5 6 7 8 9 10 11 12 13 14 15

Lower Arch

18 19 20 21 22 23 24 25 26 27 28 29 30 31

Night Guard Rx

Keystone KeySplint Soft

A one of a kind heat activated material that is flexible yet has the same wear resistance as a hard night guard.

- Upper Night Guard
- Lower Night Guard

Design

- Flat Occlusion
- Canine Guidance

Special Instructions

Dr. Signature _____ License# _____
(REQUIRED) (REQUIRED)

The person signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. A 2% (24%/yr) late charge will be added to all balances due over 30 days.