

# Crown Rx

## SELECT RESTORATION

## SELECT OPTIONS

**ATTN:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**Rx DATE:** \_\_\_\_\_ **Deliver by 5 p.m. On:** \_\_\_\_\_

NOTE: If no due date assigned, we will default to the regular lab working times. "ASAP" does not qualify as a date

Dr. Last, First \_\_\_\_\_

Dr. Address \_\_\_\_\_ Patient Name \_\_\_\_\_

Dr. Phone \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_

(Circle one)

Dr. Email \_\_\_\_\_ Patient Appt. \_\_\_/\_\_\_/\_\_\_ : \_\_\_

M / D / Y Hr : Min

Script has been reviewed for accuracy, legibility and completion. Impression has been reviewed before sending.

Person signing this accepts sole responsibility for payment and agrees to pay all legal fees and collection cost, in the event of a suit, including reasonable fees.

Signature of Dentist \_\_\_\_\_

**Enclosed with case:** Impression Alginate Models Bite Photos  
Impression transfer Facebook Abutment

### 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

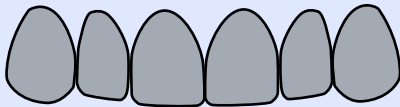
## Characterization Chart

### Posterior Occlusion

Stain Color \_\_\_\_\_  
Stain Placement \_\_\_\_\_  
Hypo-Calcification \_\_\_\_\_



Length of Centrals \_\_\_\_\_ mm



Stump \_\_\_\_\_

### Anterior Occlusion


Translucency Intensity \_\_\_\_\_  
Translucency Volume \_\_\_\_\_  
Lobing \_\_\_\_\_  
Texturing \_\_\_\_\_

Shade \_\_\_\_\_

**Zirconia**

CrystalFusion\* (360 layered ceramics)  
CrystalMicro (Labial layered ceramics)  
CrystalBruxer (Full zirconia)  
CrystalAnterior (Anterior full zirconia)

**Substructure Design**  
Default design is Full Porcelain with no Collars.




**All Ceramic**

IPS e.max™ Monolithic  
IPS e.max™ Layered  
IPS e.max™ Veneer Monolithic

Indicate stump or present tooth shade for all ceramic \_\_\_\_\_

**Pontic Design**



**PFM** (Porcelain fused to metal)

Noble (white)\*  
High Noble (White)  
Base Alloy (White)

**If inadequate clearance:**

Reduce opposing\* Call  
Trim coping Metal/ Zirconia occlusal

**Full Cast Yellow Gold**

2%  
40%\*  
60%

Metal Try-In Bisque Try-In Finish\*  
Add Pink Porcelain

**Provisionals**

Milled PMMA provisional  
Wire reinforced Cast reinforced

Amount of reduction: 1mm 2mm

**Additional**

Diagnostic wax-up Porcelain butt margin  
Provisional Crown prepped for future partial  
Matrix for temporary  
Add pink porcelain  
Post & Core

\*\*\*Specify implant brand, system and diameter on RX under Instructions.

## Instructions:

Call me (technical questions)

Call me (scheduling questions)

Sent photos to Photos@PetersonDentalLab.com

\* Default if not specified

Office: 561.272.6662 Fax: 561.819.0391 Email: [Info@PetersonDentalLab.com](mailto:Info@PetersonDentalLab.com)