

DUE DATE: _____

Office: _____

Phone: _____



prosthetic dental concepts

520.274.2960

pdclabinfo@gmail.com

Patient Name: _____

Gender: _____ Today's Date: _____

Doctor: _____ Assistant: _____

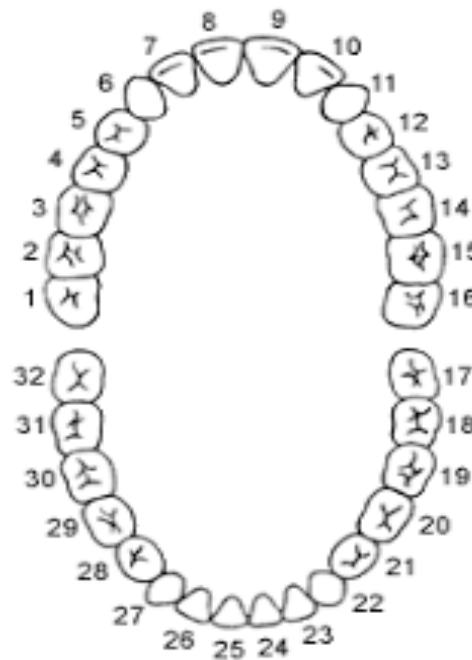
Tooth # or Arch: _____

SHADE: _____

****STUMP SHADE:** _____

**Stump Shade recommended for restorations less than 1.5mm

RX/Instructions:



Occlusal Staining:

None Light Medium Dark

If No Occlusal Clearance:

Call Dr. Spot Opposing Reduction Coping

Enclosed with Case: Digital File

Impressions Models Bite Photos Other

Circle Pontic Design:



Zirconia Restorations:

Full Contour: Katana® BruxZir

Layered: Katana® BruxZir

All Ceramic Restorations:

Full Contour: Emax Dentsply Celtra

Layered: Emax Dentsply Celtra

Diagnostic Wax-Up

Implant Restorations:

Screw Retained *Select Restoration Material

Cement Retained *Select Restoration Material

Custom Abutment:

Titanium Gold Shaded Zirconia

Surgical Stent

Indicate Implant System _____

Indicate Implant Size: _____

Parts Enclosed:

Impression Coping Analog Abutment Screw

Removable Restorations:

Custom Trays Wax Rims

Wax Try In w/ Teeth Metal Frame Try In:***

Process/Finish w/ Rims w/Teeth

Duraflex Partial ***Indicate design under instructions

Reline: Flipper (Stayplate)

Hard Soft (moloplast)

Nightguards/Retainers:

Hard

Upper: Hard / Soft

Lower: Soft

Doctor Signature _____

License # _____

Patient Name: _____

Gender: _____ Today's Date: _____

Doctor: _____ Assistant: _____

- Upper Arch
- Lower Arch
- Katana® Zirconia
- Crystal Ultra®



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DUE DATE: _____

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RX/Instructions for Full Arch Implant Prosthesis :

Surgical Set-Up:

- Immediate Denture
- Surgical Guide
- _____ # of Teeth in Arch
- Surgery Day Conversion
- Date of Surgery _____

Restorative Steps:

- Custom Tray
- Impression Jig
- Verification Jig
- Wax Rims
- Screw retained Wax Set-Up
- Re-Set
- Screw Retained PMMA
- Final Prosthesis
- Occlusal Guard
- Upper
- Lower

Tooth Shade: _____

- Gum Shade:** G1 (Standard) G3 (Medium) G4 (Dark)
- Custom _____

- Occlusal Staining:** None Light Medium Dark

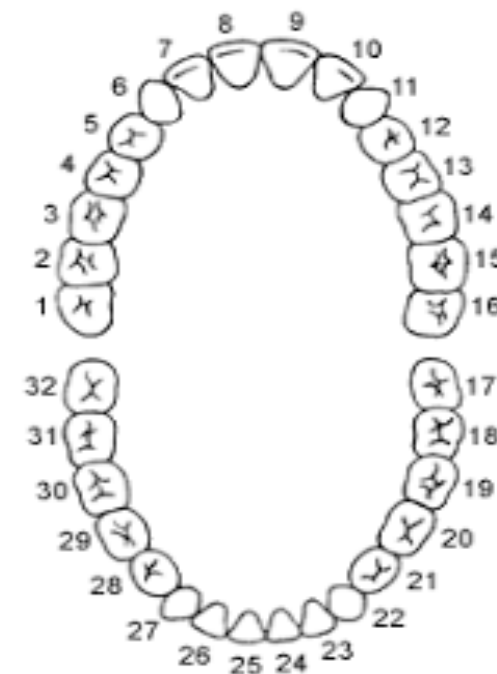
Select Prosthesis:

- Complete Mill Service
- Copy Mill Service

Implant System(s): _____

Implant Positions/Sizes: _____

****Indicate Instructions for Tooth Set-Up in RX Notes**



Enclosed with Case:

- Digital File
- Impressions
- Models
- Bite
- Photos
- Screws
- Impression Copings
- Analogs
- Abutments

Doctor Signature

License #