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Crown & Bridge Rx

Today's Date	Due Date
DOCTOR INFORMATION	
Name	
Address	
Phone	Email
PATIENT INFORMATION	
Name	
Apointment Date Sex	Age
O Impression: Upper & Lower O Articulator O Bite O Shade Tab O Other: O Facebow INSTRUCTIONS CALL ME BEF	O AttachedO Emailed to OttawaPhotos@microdental.co
	PLEASE SEND O Rx forms O Waybills O Bags O Boxes
	FOR LAB USE ONLY
Dentist's Signature (Required)	License # (Required)
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Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize MicroDental Laboratories to construct, alter, or repair the restoration described on this requisition.

866.222.0035 WHITE-LAB COPY / PINK-DOCTOR COPY | ©2022 MDLOTT 220117

Oe.max Oe.max Pressed Zirconia Full Metal Crowns OHigh Noble alloy (gold) ONon-precious (white) PFM Crowns OHigh Noble alloy (gold co OSemi-precious (white colo ONon-precious (white colo		9.0	celain to Zirconia IS Ultra	OZEUS Full Zirconia
		d) ONol	ole alloy (white)	O Noble alloy (yellow)
		colour)	O Porcelain me	etal junction
Implant Re	storations able	OScrew-re	etained	
Shade		Stump Sha	nde	(Required for All Ceramic)
	Translucency O Medium	•	\bigcap	
Value OBright	OMedium	OLow		

Occlusal Staining Mould of Crown Desired

- ONone OMatch surrounding OLight OMake ideal O Medium OFollow pre-op O Dark OFollow wax-up
- OHypo-calcification O Shade tab enclosed

Surface Anatomy

OSmooth **O**Textured OMatch existing

Anterior Design or Posterior Design







High lingual







Occlusal excluding buccal cusp

Occlusal including buccal cusp

Pontic Design

showing



OEvaluation

O Wax check

OBisque bake try-in











Hygienic

Ridge Lap

Return For If Insufficient Room

- O Die Trim OReduce opposing
- O Metal Try-in OMetal occlusion OMetal island OFinishing
 - OReduction coping OReduce prep
 - OPlease call

If Case Will Not Draw

- OMake reduction copings OReduce model and mark
- OPlease call