

CROWN & BRIDGE LABORATORY PRESCRIPTION

PRACTICE DETAILS

Practice Name:

Dentist's Name:

Address:

PATIENT DETAILS

Patient's Name:

Restoration Required:

Date Required*:

**Allow two days before the fit appointment please*

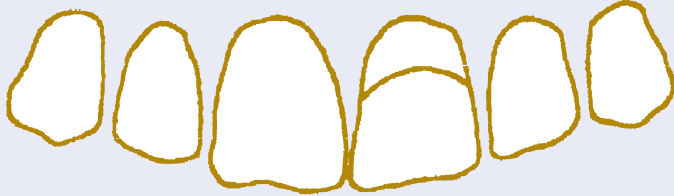
Dentist's Signature: Date: *Laboratory prescription to be filled out in full by prescribing clinician.*

CASE INSTRUCTIONS

Impressions Disinfected: Yes No Surgeon's Signature:

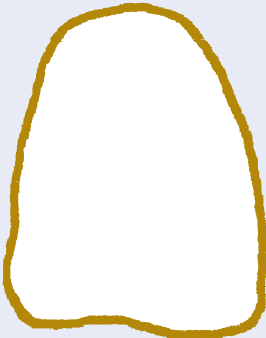
Digital Impression (online only): Scanner Type:


FURTHER INSTRUCTIONS



Shade:

Stump Shade (for all ceramic):





Occlusal Staining:
None
Light
Medium
Heavy

RESTORATION TYPE	
Crown	Maryland / Rochette
Bridge	Post & Core
Veneer / Inlay / Onlay	Diagnostic Wax-up
Yellow Gold Crown	Implant
Lithium Disilicate	Precision Attachment
Emax (GC LISI)	Temporary Crown / Bridge

IMPLANT RESTORATION

Screw Retained

Cement Retained

Ti Abutment Milled

Zr Abutment Milled

Bridge / All on 4

System:

Diameter:

Other:

FULL CAST CROWN		
Yellow Gold	Titanium	Non Precious

This is a "Custom Made Device" for the above named patient and conforms to schedule 1 of S.I.NO.252 of 1994. The device has been manufactured using all the information supplied by the Medical Practitioner and unless otherwise stated, fully meets with the prescription.

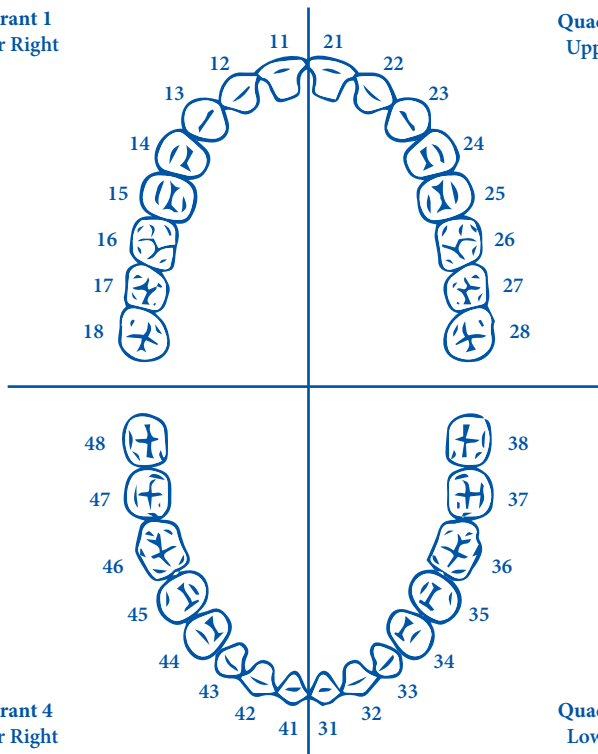
Signed: Date:

PRODUCT CODES CONFIRMED BY DENTAL TECHNICIAN

Blank area for product codes confirmed by dental technician.

Quadrant 1
Upper Right

Quadrant 2
Upper Left



Quadrant 4
Lower Right

Quadrant 3
Lower Left

ADDITIONAL COMPONENTS CHARGED REQUIRED

Blank area for additional components charged required.

ESSENTIAL REQUIREMENTS NOT MET

Ref No:	Reason:

SPECIAL REQUIREMENTS

Blank area for special requirements.

FINAL INSPECTION

Dentist:..... Patient's Name:.....