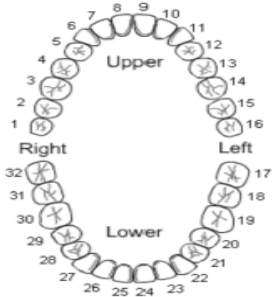


**Authorization**

Patient: \_\_\_\_\_ Sex:    M    F Age/DOB : \_\_\_\_\_

Dentist : \_\_\_\_\_ Office/Address: \_\_\_\_\_

**CROWN/BRIDGE RX**



(circle one)

**Crown Bridge**

Teeth #s \_\_\_\_\_

Shade \_\_\_\_\_

**Restoration/Alloy**

- PFM Non-precious (silver)  Yes  No
- PFM Noble (silver)
- PFM High Noble (silver)
- PFM 75% Yellow Gold
- Porcelain Fused to Zirconia  Light
- Captek  Medium
- Full Cast Non-precious (silver)  Dark
- Full Cast Noble (yellow)  None
- Full Cast Noble (silver)  Bisque Bake
- Full Cast High Noble (yellow)
- Noble Gold Inlay/Onlay
- High Noble Gold Inlay/Onlay  Normal
- All porcelain jacket crown  Heavy/Broad
- Pressed Ceramic crown  Narrow
- Pressed Ceramic inlay/onlay
- Zirconia Buildup (include coping w/ Rx)

**Metal Try-in**

**Occlusal Staining**

**Contact Style**

**Pontic Design** (if applicable):  Modified Ridge Lap  Hygienic  Bullet  Ridge Lap

**Metal Design**

- Traditional PFM (180 metal collar)
- Facial Butt Shoulder 180 w/ collar
- Facial Butt Shoulder 180 no collar
- All porcelain butt shoulder 360
- Metal collar 360
- Show no metal
- Other (use special instructions)

**Metal Design** (if applicable)

- High Lingual
- Metal Occlusal **no** Buccal Cusp
- Metal Occlusal **w/** Buccal Cusp
- Other (use special instructions)

**Occlusal Clearance**

- In Occlusion  Lab should contact us
- Light Occlusion  Reduction coping
- Out of Occlusion  Mark/reduce opposing
- Die Spacer on Opposing  Place metal island

**If no Occlusal Clearance**

**Metal Rests/Guide Planes** (select all that apply)

- Cingulum Rest  Mesial Rest  Distal Rest
- Mesial Guide plane  Distal Guide plane

**Over Implant or Post/Core?** (if applicable)

- None  Crown over implant  Integ. post+ crown
- Seperate post+ crown  Post only (no crown)

**Special Instructions:** Please give clear, FULL instructions. Do not abbreviate. (use back if add. space is needed)

**DENTURE RX**

**Material Information**

- Cast Metal Partial- BEGO
- Cast Metal Partial- Nobilium
- Valplast Processing (setup included with Rx)
- Complete Valplast Partial Denture with teeth
- Complete Valplast Partial Denture and Nobilium frame with teeth

**Valplast Clasps?**

- Yes
- No

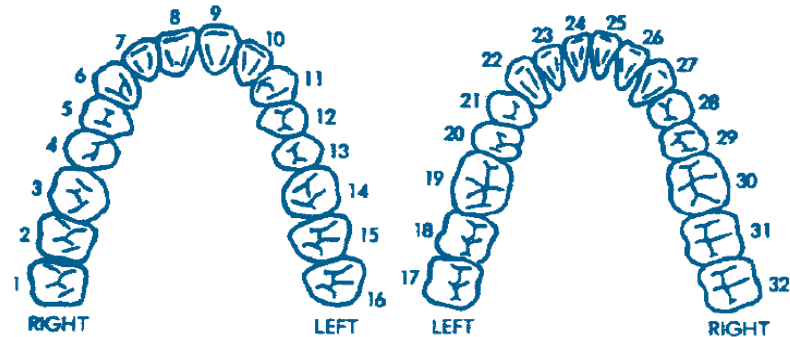
**Units**

- Upper
- Lower
- Both Upper & Lower

**Design Information**

- Use Dentalle's Design
- Use Specified Design (see model or diagram)

**Specified Design** (if applicable):



**Special Instructions:** Please give clear, FULL instructions. Do not abbreviate. (use back if add. space is needed)

**Prescription Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_