allure DENTAL STUDIO

Crown and Bridge
Prescription Form

LAB USE ONLY, PLEASE DO NOT WRITE IN THIS BOX	LAB USE ONLY, PLEASE DO NOT WRITE IN THIS BOX
PAN #	CASE #

Restorative Doctor | Practice Name

Address | City | State | Zip Code

Phone Number | Email Address

☐ Call me before starting
☐ Ship to (if different from prescriber)
☐ Additional Information sent by email

Address | City | State | Zip Code

TEETH NUMBER

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

SPECIFIC RESTORATIVE MATERIALS

ALL CERAMIC

- ☐ Opal-Z Gradational
- ☐ Opal-Z Premium
- ☐ Opal-Z 360° (layered)
- ☐ e.Max- Crown / Veneer
- ☐ e.Max - Inlay / Onlay

PFM

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Nobel White
- ☐ High Nobel Yellow

FULL GOLD CROWN

- ☐ 2% AU TYPE IV N
- ☐ 40% AU TYPE IV N
- ☐ 60% AU TYPE III HN

DESIGN

MARGIN

- ☐ All Porcelain Facial Margin
- ☐ All Porcelain Margin 360°
- ☐ Show no metal (traditional PFM)
- ☐ Show no metal 360°
- ☐ Metal to margin 360°

PONTIC

METAL

ADDITIONAL INSTRUCTIONS AND COMMENTS

Patient's Name

Back in Office

- ☐ by 5:00 pm
- ☐ by noon (extra charge)

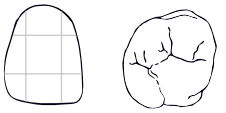
DO YOU NEED?

- ☐ **Prescriptions**
- ☐ Boxes
- ☐ Envelopes
- ☐ Shipping Labels
- ☐ Crown & Bridge RX
- ☐ Implant RX
- ☐ Sequential RX (Hybrid Bars)

Length of Centrals | Articulator Type

SHADE

Stump Shade | Desired Shade



Additional Shade Information

EXTRA INFORMATION

- ☐ In occlusion
- ☐ Out of occlusion
- ☐ Die spacer on opposing

SURFACE TEXTURE

- ☐ Smooth
- ☐ Moderate
- ☐ Heavy

OCCLUSION STAIN

- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark

Will opposing teeth be restored in the near future?

☐ Yes ☐ No

If inadequate clearance

☐ Spot Opposing ☐ Call me
☐ Reduction Coping

PROUDLY DESIGNED AND MANUFACTURED IN THE USA

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*Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees.

Signature | License Number