



Cusp Case # _____

Rx Date _____

Return Date _____

Dr. _____

Address _____

City/State/Zip _____

Phone/Email _____

Patient Name _____ Age _____ Male / Female

Next Visit: Framework Try-in Bisquet Try-in Completed

Rx:

Frame Design: Metal/Zr Lingual Full Coverage Metal/Zr Occl. w/o Cusp Metal/Zr Occl. w Cusp

Buccal Margin: Porcelain Butt No Metal Collar Slight Metal Collar _____ mm

Occl. Contact: Normal Light Other _____

Adjacent Contact: Normal Broad Point

Removable Buttons: Yes / No **Pontic Design:** Ovate Modified Ridgelap Other

Single / Splint 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

Esthetic Restoration: PFZ (Layered Zirconia Crown) FCZ (Full Contour Zirconia/Monolithic Zirconia Crown)
 PFM Press _____ Other _____

Implant Restoration: Cement-Retained _____ Screw-Retained _____

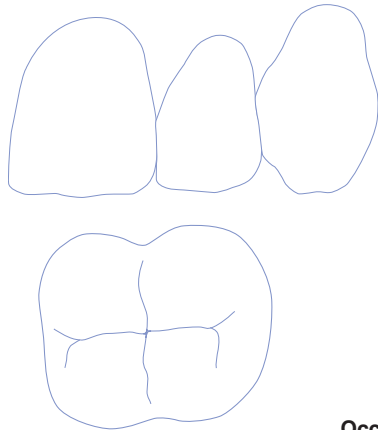
Implant Abutment: Ti CAD Zr CAD Zr Ti Base CAD
 Ti-Pre-Fab Gold-Custom Other _____

Full Cast: Gold Crown Inlay/Onlay Cast Post & Core

PFM Alloy: High Noble Noble Other _____

Full Cast Alloy: Type II Type III Other _____

Shade: _____ **Stump Shade:** _____



Shade Instructions Only

Occl. Stain: None Light Medium Dark

Signature of Dentist _____ License # _____

Lab Use Only: Item: _____

Wax _____ Implant _____

Metal _____ CAD/CAM _____

Porcelain _____ QC _____

Invoice _____

Terms: Net 30 Days - A monthly service charge of 1.5% (18% per annum) of any unpaid balance after 30 days from the date of the monthly statement may be added to the account balance.