



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:



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:



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 _____

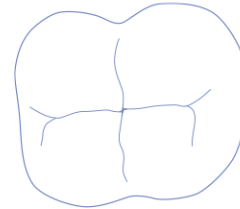
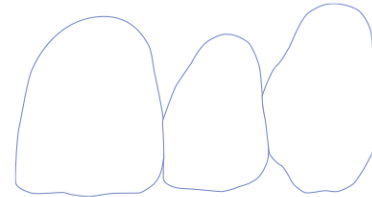
Full Cast: Gold Crown Inlay/Onlay Cast Post & Core

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.