



FIXED RESTORATIONS RX

140 S.MAIN STREET MANCHESTER PA 17345

Phone: 888-776-5229 Fax: 717-384-6087
Email: info@prolabsusa.com

Lab Name: _____

Your Reference # _____

Patient Name _____

Doctor Name _____

Date Sent _____ Due Date _____

Barcode: _____

<p>PFM</p> <input type="checkbox"/> Non-Precious <input type="checkbox"/> Non-Precious Nickel-free <input type="checkbox"/> Noble No Gold (60.5% Pd) Noble NF <input type="checkbox"/> High Noble 40% Gold (White) 75% Gold (Yellow) Captex	<p>FULL CAST</p> <input type="checkbox"/> Non-Precious <input type="checkbox"/> Non-Precious Nickel-free <input type="checkbox"/> Noble 40% Gold (Yellow) 2% (Y+) Yellow 2% (W+) White <input type="checkbox"/> High Noble (Yellow) 58% 74.5%	<p>ALL CERAMIC</p> <input type="checkbox"/> EMAX <input type="checkbox"/> Empress <input type="checkbox"/> Procera <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Full Contour Zirconia (Bruxer)	<p>COMPOSITE RESTORATION</p> <input type="checkbox"/> Composite to Metal Crown <input type="checkbox"/> Full Composite Crown <input type="checkbox"/> Composite Inlay <input type="checkbox"/> Composite Onlay <input type="checkbox"/> Composite Veneer	<p>Items Sent: (Circle all that apply)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Single Tray</td> <td><input type="checkbox"/> Triple Tray</td> </tr> <tr> <td><input type="checkbox"/> Study Model</td> <td><input type="checkbox"/> Opposing Model</td> </tr> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Implant Parts</td> </tr> </table> <p>Other _____</p>	<input type="checkbox"/> Single Tray	<input type="checkbox"/> Triple Tray	<input type="checkbox"/> Study Model	<input type="checkbox"/> Opposing Model	<input type="checkbox"/> Bite	<input type="checkbox"/> Implant Parts																		
<input type="checkbox"/> Single Tray	<input type="checkbox"/> Triple Tray																											
<input type="checkbox"/> Study Model	<input type="checkbox"/> Opposing Model																											
<input type="checkbox"/> Bite	<input type="checkbox"/> Implant Parts																											
<table style="width:100%;"> <tr> <td style="width:25%;"><input type="checkbox"/> Single Unit Crown</td> <td style="width:25%;"><input type="checkbox"/> Veneer</td> <td style="width:25%;"><input type="checkbox"/> Wax-up (Diagnostic)</td> <td style="width:25%;">Porcelain Butt Margin</td> </tr> <tr> <td><input type="checkbox"/> Splinted Crowns</td> <td><input type="checkbox"/> Inlay</td> <td><input type="checkbox"/> Metal Try-in</td> <td><input type="checkbox"/> 360 Degree</td> </tr> <tr> <td><input type="checkbox"/> Bridge</td> <td><input type="checkbox"/> Onlay</td> <td><input type="checkbox"/> Metal Coping Only</td> <td><input type="checkbox"/> 180 Degree</td> </tr> <tr> <td><input type="checkbox"/> Maryland Bridge</td> <td><input type="checkbox"/> Post (Separated)</td> <td><input type="checkbox"/> Zirconia Coping Only</td> <td><input type="checkbox"/> Buccal Only</td> </tr> <tr> <td><input type="checkbox"/> Implant</td> <td><input type="checkbox"/> Post (Integrated)</td> <td><input type="checkbox"/> Apply Porcelain Only</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Extra Metal Rest</td> <td><input type="checkbox"/> Temp Crown</td> <td></td> </tr> </table>				<input type="checkbox"/> Single Unit Crown	<input type="checkbox"/> Veneer	<input type="checkbox"/> Wax-up (Diagnostic)	Porcelain Butt Margin	<input type="checkbox"/> Splinted Crowns	<input type="checkbox"/> Inlay	<input type="checkbox"/> Metal Try-in	<input type="checkbox"/> 360 Degree	<input type="checkbox"/> Bridge	<input type="checkbox"/> Onlay	<input type="checkbox"/> Metal Coping Only	<input type="checkbox"/> 180 Degree	<input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Post (Separated)	<input type="checkbox"/> Zirconia Coping Only	<input type="checkbox"/> Buccal Only	<input type="checkbox"/> Implant	<input type="checkbox"/> Post (Integrated)	<input type="checkbox"/> Apply Porcelain Only			<input type="checkbox"/> Extra Metal Rest	<input type="checkbox"/> Temp Crown		<p>TOOTH NUMBER, SHADE & STAINING (Please circle abutments & cross out pontics.)</p>
<input type="checkbox"/> Single Unit Crown	<input type="checkbox"/> Veneer	<input type="checkbox"/> Wax-up (Diagnostic)	Porcelain Butt Margin																									
<input type="checkbox"/> Splinted Crowns	<input type="checkbox"/> Inlay	<input type="checkbox"/> Metal Try-in	<input type="checkbox"/> 360 Degree																									
<input type="checkbox"/> Bridge	<input type="checkbox"/> Onlay	<input type="checkbox"/> Metal Coping Only	<input type="checkbox"/> 180 Degree																									
<input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Post (Separated)	<input type="checkbox"/> Zirconia Coping Only	<input type="checkbox"/> Buccal Only																									
<input type="checkbox"/> Implant	<input type="checkbox"/> Post (Integrated)	<input type="checkbox"/> Apply Porcelain Only																										
	<input type="checkbox"/> Extra Metal Rest	<input type="checkbox"/> Temp Crown																										
<p>METAL DESIGN</p> <input type="checkbox"/> No Metal to Show <input type="checkbox"/> Buccal Collar _____mm <input type="checkbox"/> Lingual Collar _____mm <input type="checkbox"/> Mesial Collar _____mm <input type="checkbox"/> Distal Collar _____mm <input type="checkbox"/> 360 Degree Collar _____mm <input type="checkbox"/> Metal Occlusal Full Excluding Buccal Cusps <input type="checkbox"/> Metal Lingual Full 2/3 1/2 <input type="checkbox"/> Removable Button <input type="checkbox"/> Keep metal lingual collar thickness less than 0.5mm	<p>PONTIC DESIGN</p> <input type="checkbox"/> Full Ridge <input type="checkbox"/> Modify Ridge Lap <input type="checkbox"/> No Contact <input type="checkbox"/> Point Contact <input type="checkbox"/> Pontic in Socket <input type="checkbox"/> Show Metal on Lingual <input type="checkbox"/> Reduce pontic area to make snug on ridge	<p>OCCLUSAL CONTACT</p> <input type="checkbox"/> 0.5mm Clearance <input type="checkbox"/> No Contact <input type="checkbox"/> Light Contact <input type="checkbox"/> Full Contact	<p>IF OCCLUSAL SPACE IS NEEDED</p> <input type="checkbox"/> Adjust opposing tooth <input type="checkbox"/> Make metal Island/Occlusal <input type="checkbox"/> Adjust Prep and Mark <input type="checkbox"/> Adjust Prep and Make reduction coping <input type="checkbox"/> Contact for discussion																									
	<p>GINGIVAL EMBRASURE</p> <input type="checkbox"/> Close <input type="checkbox"/> Natural	<p>INTERPROXIMAL CONTACT</p> <input type="checkbox"/> Light Contact <input type="checkbox"/> Medium Contact <input type="checkbox"/> Heavy Contact <input type="checkbox"/> Broad Contact	<p>PREPARATION TOO BULKY OR BRIDGE NOT PARALLEL ISSUE</p> <input type="checkbox"/> Adjust and mark in red on die <input type="checkbox"/> Adjust and make reduction coping <input type="checkbox"/> Do not adjust make as is																									
<p>REMAKE INFORMATION (Please complete this section if returning this case for a remake)</p> <p>Customer Original Pan # _____ PLS Original RX # _____</p> <p>Reason for Remake _____</p>				<p>IF BAD IMPRESSION SENT</p> <input type="checkbox"/> Do best you can to process <input type="checkbox"/> Contact for discussion																								
<p>Items being Returned</p> <input type="checkbox"/> Original Prosthesis (Crown, Partial, Bite, Etc.) <input type="checkbox"/> Original Model Original Die Original PLS RX <input type="checkbox"/> Old Impression New Impression Study Model				<p>OTHER SPECIAL INSTRUCTIONS</p>																								
<p><i>(Failure to provide original RX, reason, or items may result in a delay in processing this case and a charge for this remake)</i></p>																												

