FIXED RESTORATIONS RX

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Website: www.prolabsusa.com

Lab Name:

Your Reference #_____

Patient Name_____

Doctor Name_____

Date Sent_____**Due Date**_____

PFM
- ☐ Non-Precious
- ☐ Non-Precious **Nickel-free**
- ☐ Noble **No Gold (60.5% Pd) Noble NF**
- ☐ High Noble **40% Gold (White) 75% Gold (Yellow)** Captek

FULL CAST
- ☐ Non-Precious
- ☐ Non-Precious **Nickel-free**
- ☐ Noble **40% Gold (Yellow) 2% (Y+) Yellow 2% (W+) White**
- ☐ High Noble (Yellow) **58% 74.5%**

ALL CERAMIC
- ☐ eMAX
- ☐ Procera
- ☐ Layered Zirconia
- ☐ Full Contour Zirconia **(Bruxer)**

COMPOSITE RESTORATION
- ☐ Composite to Metal Crown
- ☐ Full Composite Crown
- ☐ Composite Inlay
- ☐ Composite Onlay
- ☐ Composite Veneer

- ☐ Single Unit Crown
- ☐ Splinted Crowns
- ☐ Bridge
- ☐ Maryland Bridge
- ☐ Implant

- ☐ Veneer
- ☐ Inlay
- ☐ Onlay
- ☐ Post (Separated)
- ☐ Post (Integrated)
- ☐ Extra Metal Rest

- ☐ Wax-up (Diagnostic)
- ☐ Metal Try-in
- ☐ Metal Coping Only
- ☐ Zirconia Coping Only
- ☐ Apply Porcelain Only
- ☐ Temp Crown

Porcelain Butt Margin
- ☐ 360 Degree
- ☐ 180 Degree
- ☐ Buccal Only

METAL DESIGN
- ☐ No Metal to Show
- ☐ Buccal Collar _____mm
- ☐ Lingual Collar _____mm
- ☐ Mesial Collar _____mm
- ☐ Distal Collar _____mm
- ☐ 360 Degree Collar _____mm
- ☐ Metal Occlusal Full Excluding Buccal Cusps
- ☐ Metal Lingual Full 2/3 1/2
- ☐ Removable Button
- ☐ Keep metal lingual collar thickness less than 0.5mm

PONTIC DESIGN
- ☐ Full Ridge
- ☐ Modify Ridge Lap
- ☐ No Contact
- ☐ Point Contact
- ☐ Pontic in Socket
- ☐ Show Metal on Lingual
- ☐ Reduce pontic area to make snug on ridge

GINGVAL EMBRASURE
- ☐ Close
- ☐ Natural

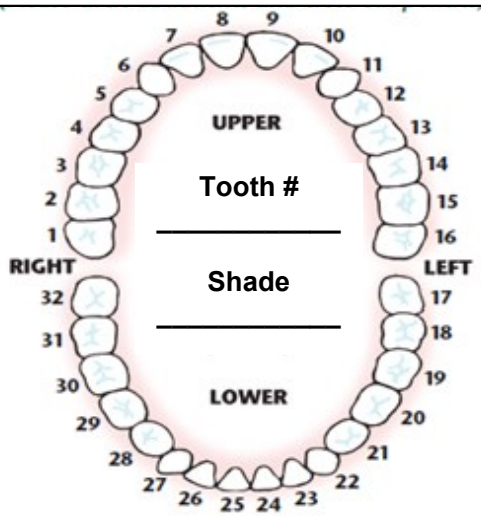
OCCLUSAL CONTACT
- ☐ 0.5mm Clearance
- ☐ No Contact
- ☐ Light Contact
- ☐ Full Contact

INTERPROXIMAL CONTACT
- ☐ Light Contact
- ☐ Medium Contact
- ☐ Heavy Contact
- ☐ Broad Contact

Items Sent: *(Circle all that apply)*
Single Tray — Triple Tray
Study Model — Opposing Model
Bite — Implant Parts

Other_____

TOOTH NUMBER, SHADE & STAINING
(Please circle abutments & cross out pontics.)



IF OCCLUSAL SPACE IS NEEDED
- ☐ **Adjust opposing tooth**
- ☐ **Make metal Island/Occlusal**
- ☐ **Adjust Prep and Mark**
- ☐ **Adjust Prep and Make reduction coping**
- ☐ **Contact for discussion**

PREPARATION TOO BULKY OR BRIDGE NOT PARALLEL ISSUE
- ☐ **Adjust and mark in red on die**
- ☐ **Adjust and make reduction coping**
- ☐ **Do not adjust make as is**

IF BAD IMPRESSION SENT
- ☐ **Do best you can to process**
- ☐ **Contact for discussion**

REMAKE INFORMATION
(Please complete this section if returning this case for a remake)

Customer Original Pan #_____PLS Original RX #_____

Reason for Remake_____

_____

Items being Returned

- ☐ Original Prosthesis (Crown, Partial, Bite, Etc.)
- ☐ Original Model — Original Die — Original PLS RX
- ☐ Old Impression — New Impression — Study Model

(Failure to provide original RX, reason, or items may result in a delay in processing this case and a charge for this remake)

OTHER SPECIAL INSTRUCTIONS