943 East Hastings Street, Vancouver V6A 0H1
Tel. 778-279-7070
Email : masterdentalsolution@gmail.com
www.masterdentalsolution.com

DR.NAME ______________________ RX DATE ______________

ADDRESS ______________________________________

PATIENT ______________________ (Sex) M / F (Age) ______

DUE DATE (for delivery by 5pm) ______________________

CROWN & BRIDGE SYSTEM

TEETH NUMBERS (please circle)

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

RESTORATION TYPE

- ☐ Layered Zir ☐ Full Zir (e.max ZirCAD) ☐ Master Zir
- ☐ Emax ☐ Full Metal ☐ PFM
- ☐ Wax up

Occlusion : ☐ Metal ☐ Porcelain

MARGIN DESIGN

- ☐ Lingual Metal Collar, Buccal Combination # ____
- ☐ 360° Fine Metal Collar, # ____
- ☐ 360° Porcelain, # ____
- ☐ Porcelain Butt Margin, # ____

RETURNS FOR

- ☐ Die Trim ☐ Evaluation
- ☐ Metal Try-in ☐ Wax Check
- ☐ FInish ☐ Bisque bake Try-in

PLEASE SEND ☐ RX'S ☐ Way Bills ☐ Boxes ☐ Bags

TYPE OF METAL

- ☐ High Noble (Yellow)
- ☐ Noble (Semi Precious)
- ☐ Non Precious

INTERPROXIMAL CONTACTS

- ☐ Broad ☐ Normal

IF INADEQUATE CLEARNCE

- ☐ Reduce Opposing
- ☐ Please Call
- ☐ Reduction Coping
- ☐ Design Crown for future Partial

PONTIC DESIGN

- ☐ Ovate ____ mm ☐ Cone
- ☐ Full Lap ☐ Hygenic
- ☐ Modified Ridge

Shade ______ Stump shade ______

INSTRUCTIONS

○ **CALL ME (BEFORE PROCEEDING WITH CASE)**

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Excellence in Cosmetic restorative and Implant dental services

COSMETIC SYSTEM

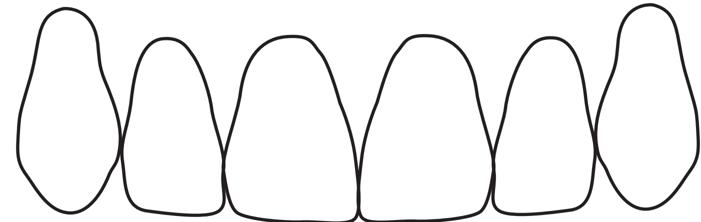
PHOTOS :

- ☐ Pre-Op Photo
- ☐ Preps with Stump Shade
- ☐ Temps - Full Face
- ☐ Temps - Nose to Chin (Relaxed Lip)
- ☐ Stick Bite - Full Face
- ☐ Profile

INCLUDED

- ☐ Pre-Op Models
- ☐ Wax-up
- ☐ Diagnostic
- ☐ Final Impression
- ☐ Stick Bite
- ☐ Face bow
- ☐ Opposing
- ☐ Impression of Temps

Please indicate desired shade on drawing below :



LENGTH

Central ____ **mm** **Lateral** ____ **mm** **Canine** ____ **mm**

Incisal Translucency	☐ Heavy	☐ Med	☐ Light	☐ None
Mammalons	☐ Heavy	☐ Med	☐ Light	☐ None
Surface Texture	☐ Heavy	☐ Med	☐ Light	☐ None
Occlusal Staining	☐ Heavy	☐ Med	☐ Light	☐ None

IMPLANT SYSTEM

Implant Brand and/or **Type** ______________________

Restoration	☐ Cementable	☐ Screw Retained
Stock Abutment	☐ Titanium Abutment	☐ Zirconia Abutment
Custom Abutment	☐ CAD/CAM Titanium Abutment	
	☐ CAD/CAM Zirconia Abutment	
	☐ Cast Gold Custom Abutment	
Implant over denture	☐ Removable	☐ Fixed

Dr. Signature : ______________________

License Number : ______________________