Advanced Ceramics Dental Studio

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Rx Date	
Due Date	☐By 12:00pm ☐By 5:00pm

Dr. Name _____ Dr. Phone _____

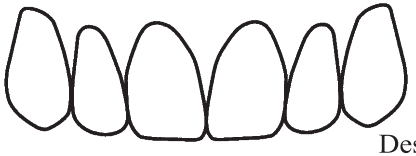
Patient _____ Sex M / F Age _____

- ☐ IPS Empress Crowns
- ☐ IPS Empress Veneers/onlay/Inlay
- ☐ IPS e-max Crowns(Inlay/Onlay)
- ☐ 3M Lava Zinconia
- ☐ Sin Fony(Inlay/Onlay)

- ☐ Implant
- ☐ Full Gold Crown
- ☐ Captex
- ☐ Semi Precious
- ☐ Precious Yellow Gold
- ☐ Precious White Gold

Tooth Number	Stump Shade	Enamel Shade	Occlusal Stain
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			☐ None ☐ Light ☐ Medium ☐ Dark

INDICATE CHARACTERIZATION IF ANY



Hypo Calcification

Design

Anterior ○ No metal showing ○ Lingual Band ○ Metal Lingual

Posterior ○ No metal showing ○ Metal occlusal excluding buccal casp

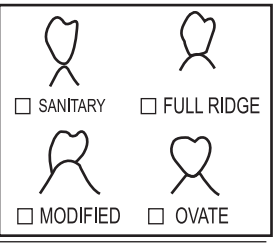
○ Lingual Band ○ Metal Margin (360°) _____ mm

Margins
- ☐ Metal (1mm)
- ☐ Show No Metal
- ☐ Porcelain Margin

Occlusal Clearance
- ☐ In Occlusal
- ☐ Out of Occlusal
- ☐ Foil Relief

No Occlusal Clearance
- ☐ Metal Occlusal
- ☐ Reduce Prep
- ☐ Spot Opposing

Pontic Design



- ☐ Follow study model
- ☐ Call Me

- ☐ Match Existing
- ☐ For Try-In

- ☐ Make Ideal
- ☐ Bisque Bake

Instructions(Rx)

Signature _____ Lic. No _____

Memo