XCV Dental Lab

Rx

DOCTOR INFO

DR. NAME: _____

GROUP / PRACTICE NAME: _____

Phone: _____ Email: _____

PATIENT INFO

First name: _____ ☐ Female ☐ Male Age: _____

Last name: _____

Due date: _____ Date sent: _____

CROWN & BRIDGE

- ☐ Full Zirconia XTCERA
- ☐ High translucent 3D XTCERA
- ☐ Full Zircoina CERCON
- ☐ Full non-precious metal crown
- ☐ PFM Economiser (Non-precious Ni-free only)
- ☐ Porcelain-Fused-to-Zirconia (PFZ) crown
- ☐ Emax Crown
- ☐ Emax Veneer

IMPLANTS

Implant System _____

Implant Platform _____

- ☐ Custom Titanium Abutment
- ☐ Screw Retained
- ☐ Cement Retained
- ☐ Ti Base

DENTURE/PARTIAL

☐ TRY-IN ☐ FINISH ☐ IMMEDIATE ☐ UPPER ☐ LOWER

TYPE OF TEETH

- ☐ Pro Standard (Posterior)
- ☐ Esthetic (Cosmetic)

OTHER/ SPECIFY BRAND

TYPE OF PARTIAL

- ☐ Cast Metal Framework
- ☐ Flexible
- ☐ Acrylic

TYPE OF CLASP FOR ACRYLIC

CHECK ALL THAT APPLY

- ☐ Design
- ☐ Set teeth
- ☐ Bite Block
- ☐ Frame
- ☐ Others

APPLIANCES

☐ UPPER ☐ LOWER

- ☐ Soft Nightguard
- ☐ Hard Nightguard
- ☐ Hard/Soft Nightguard
- ☐ Essix Retainer
- ☐ Hawley Retainer
- ☐ Space Maintainer

SPECIAL INSTRUCTIONS

- ☐ Separate Crown
- ☐ Bridge - Bite Reqd
- ☐ Tooth Number (s)

FINAL SHADE

STUMP SHADE

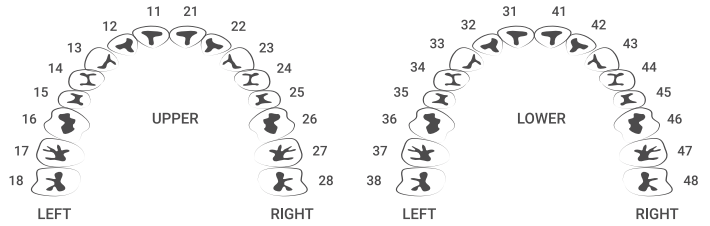
must for all ceramic

Note

IF NO OCCLUSAL CLEARANCE:

☐ Call Doctor ☐ Adjust Opposing ☐ Adjust Prep ☐ Metal Stop/Occlusion

DENTURE/PARTIAL DESIGN



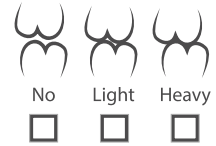
ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR

OTHERS _____

☐ **Call me**

OCCLUSAL CONTACT



PONTIC DESIGN

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