# GLOBAL DENTAL LAB

Doctor Name _____ (Last / First)
Practice Name _____
Full Address _____
Pho ne _____

Patient Name _____ (Last / First)
Patient Chart # _____ ☐M ☐F
Rx Date _____ Due Date/Delivery on _____
☐Rush Case (fee applies) Is this case a Remake? ☐Yes ☐No

Remake Reason (if applicable) _____
Tooth Shade (Required) _____ Shade Guide (Vita is default) _____
Stump Shade (Required for E.MAX) _____ Pink Tissue Shade _____

## Crown & Bridge Rx

Complete the left side of the Rx, where applicable, for fixed cases.

Please CIRCLE single units and BRACKET splinted units

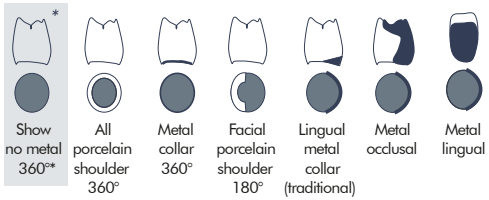
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

### All Ceramic
- ☐ Solid Zirconia** (posterior)
- ☐ High Translucent** (anterior)
- ☐ Lithium Disilicate
- ☐ Solid lingual w Porcelain facial
- ☐ Layered Zirconia
- ☐ IPS Emax
- ☐ Diagnostic Wax Up
- ☐ Temporary PMMA

### PFM
- ☐ High Noble White**
- ☐ High Noble Yellow
- ☐ Noble/Semi Precious
- ☐ Base/Non-precious

### Full Cast
- ☐ High Noble White **
- ☐ High Noble Yellow
- ☐ Noble/Semi Precious
- ☐ Base/Non-precious
- ☐ FC Noble 2%

### MARGIN DESIGN
Please circle your choice(s) of margin combination

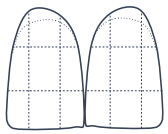



### IF INSUFFICIENT ROOM
- ☐ Trim opposing**
- ☐ Call to discuss
- ☐ Metal occlusal
- ☐ Reduction coping
  - ☐ Resin**
  - ☐ Metal
- ☐ Metal island
- ☐ Trim prep no coping

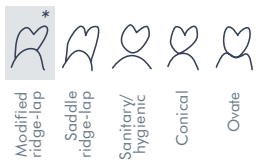
### OCCLUSAL CONTACT
- ☐ Light**
- ☐ Open
- ☐ Tight

### INTERPROXIMAL CONTACT
- ☐ Light**
- ☐ Medium
- ☐ Heavy

### CROWN DESIGN
Characterization



Pontic Design




### Return for
- ☐ Finish**
- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in

### Restoration
- ☐ Crown
- ☐ Bridge
- ☐ No-prep veneer
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Implant
- ☐ Post & Core

☐ Rest Seats (specify): _____

☐ Crown under partial (specify): _____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## Removable Prosthetics Rx

Complete the right side of the Rx, where applicable, for removable cases.

### Choose Case Type
- ☐ Full Denture ☐ Partial ☐ Unilateral
- ☐ Immediate ☐ Flipper

### Choose Arch
- ☐ Upper ☐ Lower ☐ Both

### Teeth Type
- ☐ Elite** ☐ Premier (Fee applies)

### Choose Stage
- ☐ Custom Tray
- ☐ Cast Metal Framework
- ☐ Base Plate
- ☐ Occlusal Rim
- ☐ Try In**
- ☐ Finish
- ☐ Repair
- ☐ Reline
- ☐ Rebase

### Choose Material
- ☐ Acrylic**
- ☐ Metal
- ☐ CustomFlex Partial
- ☐ Valplast Partial
- ☐ Chrome Cobalt**
- ☐ Vitallium

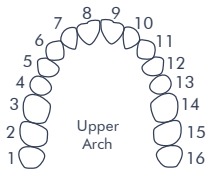
### Add On
- ☐ Patient ID
- ☐ Cosmetic Clasp
- ☐ Wire Mesh
- ☐ Wire reinforcement
- ☐ Metal mesh
- ☐ Soft liner

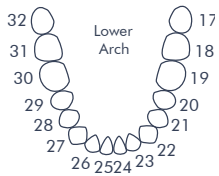
### Acrylic Shade
- ☐ Lucitone 199**
- ☐ Light Meharry
- ☐ Light Pink
- ☐ Meharry

### Nightguard
- ☐ Upper** ☐ Lower
- ☐ Flexiguard (hard/soft)** ☐ Hard ☐ Soft

### Partial Design
- ☐ Horseshoe palate (upper)
- ☐ Full palatal metal coverage (upper)
- ☐ A-P strap (upper)
- ☐ Lingual bar (lower)

### Extract Now
☐ Yes ☐ No




Dentist Signature (Required) _____

Dentist License # (Required) _____

Rx Specific Instructions