



FIXED PRESCRIPTION FORM



Doctor: _____ Date: _____ Phone: _____ Email: _____ Case Return Date: _____

Address: _____ City: _____ State: _____ Zip: _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Patient Name: _____ M F Age: _____ 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Metal-Free Restorations

- SCULPTURE Full-Contour Zirconia
- SCULPTURE Esthetex FCZ
- IPS e.max **Circle:** Crown Veneer Inlay/Onlay
- Composite Inlay/Onlay

Shade

- _____ Cervical
- _____ Body
- _____ Incisal
- _____ Tooth Shade
- _____ Stump Shade

Diagnostic Tx. Planning

- Preparation Guide Model ZOE Provisionals
- Wax-Up (*Digital*) or (*Traditional*) Abutment # _____
- Include Matrix Reduction Guide Pontic # _____

Implants

- | | |
|--|--|
| Cement-Retained Abutment | Screw-Retained |
| <input type="checkbox"/> Titanium | <input type="checkbox"/> Ti. Base |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> Angled Screw |
| (Shade) _____ | <input type="checkbox"/> Custom Abutment |
| | <input type="checkbox"/> Lab to Cement |
| | <input type="checkbox"/> Dr. to Cement |
| Tissue Displacement | |
| <input type="checkbox"/> Minimal | |
| <input type="checkbox"/> No more than 1.5mm | Additional Services |
| <input type="checkbox"/> Ideal Contour (Ignore Tissue) | <input type="checkbox"/> Gold Hue |
| | <input type="checkbox"/> Pink Hue |
| Implant Manufacturer: | <input type="checkbox"/> Pink Gingival Porcelain |
| <input type="checkbox"/> Prefer OEM | |
| <input type="checkbox"/> _____ | |

Metal Restorations

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> PFM | <input type="checkbox"/> Non-Precious |
| <input type="checkbox"/> Full-Cast | <input type="checkbox"/> Noble |
| <input type="checkbox"/> Post/Core | <input type="checkbox"/> High Noble White |
| <input type="checkbox"/> Inlay/Onlay | <input type="checkbox"/> High Noble Yellow |

Maryland Bridge

- IPS e.max
 - PFM
 - Sculpture
- # of Wings _____

Special Instructions

- May we adjust the opposing if necessary? Yes No
- May we adjust preps in necessary?
 Yes No Make Reduction Coping
- Opposing to be restored in the future? Yes No
- Occlusal Stain: Light Moderate Heavy

Circle Pontic Design



Notes

Large empty box for notes.