+1(425) 967-7676   Call for Local Pick Up

United
Fixed RX(US)

Company:	Case No.: _____
Add.:	Patient Name: _____
	Dr. Name: _____
Tel.:	Shipping Date: _____
Fax.:	Due Date: _____

Stage: ☐ Try In   ☐ Finish   ☐ Bisque Bake   ☐ Add Porcelain

PFM	FCC	All Ceramic	Implant	C&B Extras	Telescope
☐ Non-Precious	☐ Non-Precious	☐ E-Max	☐ Cement-Retained	☐ Post/Core # _____ ○ With Key	T — Telescope 1st layer
☐ NP(Nikel free)	☐ NP(Nikel free)	☐ Zirconia	☐ Screw-Retained	☐ Post&Crown Integrated # _____	S — Telescope 2nd layer
☐ Semi-Precious	☐ White Gold 2%	☐ Full Zirconia	*Enclosed*	☐ Veneer # _____	TV — Telescope vest. facing
☐ White Noble (white 40%)	☐ Yellow Gold 2%	☐ Composite	Abutment × _____	☐ Inlay/Onlay # _____	TF — Telescope full facing
☐ Yellow Gold (Yellow 74%)	☐ Yellow Gold 40%		Analog × _____	☐ Milling # _____	N — Acrylic tooth
☐ Captek	☐ Yellow Gold 60%		Transfer bar × _____	☐ Rest # _____	M — Full metal crown
	☐ Yellow Gold 74%		Screw × _____	○ Metal ○ Porcelain	A — Attachment
	☐ Others _____		Others × _____	☐ Wing # _____	X — Pontic

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

☐ Single
☐ Bridge
☐ Maryland Bridge

Shade:

Shade: _____
Shade Guide: _____
Stump Shade: _____

	None	Light	Medium	High
Translucency:	☐ None	☐ Light	☐ Medium	☐ High
Occlusal	☐ None	☐ Light	☐ Medium	☐ Heavy
Stain:	☐ None	☐ Light	☐ Medium	☐ Heavy

If Insufficient Room
☐ Adjust Opposing & Mark
☐ Adjust Prep & Mark Die
☐ Make Metal Island   ☐ Make Metal Occlusal
☐ Adjust Prep & Make Reduction Coping   ○ Resin   ○ Metal
☐ Contact for Discussion

Enclosed With Case:
☐ Impression × _____   ☐ Opposing Model × _____
☐ Bite × _____   ☐ Study Model × _____   ☐ Photo × _____
☐ Others: _____

Pontic Design

☐ Full Ridge   ☐ Modified Ridge   ☐ Ovate   ☐ Point Contact   ☐ No Contact

Margin Design

180° Porcelain Margin	360° Porcelain Margin	No Metal Collor	Metal Lingual Collor ___ mm	360° Metal Collor ___ mm	3/4 Metal Occl.	Full Metal Occl.	(Ant.) Metal Lingual
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____

Interproximal Contact:

☐ No Contact   ☐ Point Contact   ☐ Face Contact

Occlusal Contact: ☐ Out (0.5mm)   ☐ Light (0.3mm)   ☐ Full (touch opp.)

Die Spacer(Layer): ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5