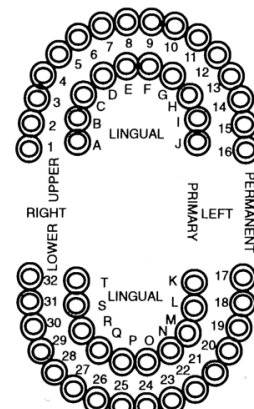
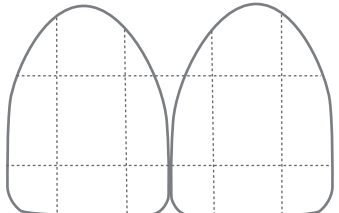


## Crown & Bridge Rx

Step 1- Dentist & Patient Information	Step 2- Restoration Type <i>(Required to select at least 1 Option)</i>	
<p><b>Today's RX Date</b> _____</p> <p><b>Return Date</b> _____ <small>(Standard working time if no date given)</small></p> <p>Dr. Name _____ <small>(REQUIRED)</small></p> <p>Dr. Phone _____</p> <p>Dr. Account _____</p> <p>Email _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p><b>Patient</b> _____ <small>(REQUIRED)</small></p> <p style="text-align: center;"><input type="radio"/> Male    <input type="radio"/> Female</p>	<p><b>Zirconia</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> PFZ* (Porcelain Fused to Zirconia)</li> <li><input type="radio"/> FCZ Esthetic Anteriors(High Translucent FCZ)</li> <li><input type="radio"/> FCZ (Full Contour Zirconia)</li> <li><input type="radio"/> Inlay/Onlay</li> </ul> <p><b>All Ceramic</b> (Lithium Disilicate)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Layered Crown* (recommended for single tooth anterior)</li> <li><input type="radio"/> Monolithic Crown (recommended for posterior)</li> <li><input type="radio"/> Layered Veneer</li> <li><input type="radio"/> Monolithic Veneer</li> <li><input type="radio"/> Inlay/Onlay</li> </ul>	<p><b>Tooth Selection</b></p>  <p><b>Any incomplete areas marked in blue, will result in the delaying of your case or reserving a chairside technician.</b></p>
Step 3- Design	Step 4- Specifications	Special Instructions
<p><b>Characterization</b></p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p><b>Shade:</b> _____ <small>(REQUIRED)</small></p> <p><b>Stump Shade :</b> _____</p> <p><b>Tissue Shade :</b> _____</p> </div> </div> <p><b>Pontic Design</b></p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div> <input type="radio"/></div> <div> <input type="radio"/></div> <div> <input type="radio"/></div> <div> <input type="radio"/></div> <div> <input type="radio"/></div> </div>	<p><b>COMMUNICATION</b></p> <p>Email Design Approval Call me (Technical) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Call me (Customer Service) Completion <input type="radio"/> Yes</p> <p><input type="radio"/> Complete* <input type="radio"/> Try-In Device <input type="radio"/> Wax Up (prior to starting case)</p> <p><b>TECHNICAL</b></p> <p>Occlusal Stain <input type="radio"/> None* <input type="radio"/> Light <input type="radio"/> Medium</p> <p>Limited Space <input type="radio"/> Adjust opposing* <input type="radio"/> Occlusal Island</p> <p>Adjacent Contact <input type="radio"/> Reduction Coping <input type="radio"/> Call <input type="radio"/> Pin Point <input type="radio"/> Firm <input type="radio"/> Light* <input type="radio"/> Tight</p> <p>Occlusal Clearance <input type="radio"/> Just Out (16µ paper, no marks) <input type="radio"/> Light* (16µ paper, 1 dot) <input type="radio"/> Other _____</p>	<p><b>Special Instructions</b></p> <p>*Standard design if an option is not selected. Email Photos: <a href="mailto:pada@prime-arts.com">pada@prime-arts.com</a></p>
Step 5 - Signature		
<p><b>Dr. Signature</b> _____ <b>License #</b> _____</p> <p style="text-align: center;"><small>(REQUIRED) (REQUIRED)</small></p>		<p>The person signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. A 2% late charge will be added to all balances due over 30 days. NOTE: Retain one sheet for your records and return the other sheet(s) with work to be completed. Please use black or blue when completing this form.</p>