

____Total units _

PROVISIONAL RESTORATIONS

Amount of prep reduction: □ 1 mm* □ 2 mm □ Perio treatment: Prepare tooth below gingival

☐ Pontic site healing: Prepare ovate socket on tooth

☐ Full-Strength* (> 1250 MPa &

50% Translucency)

☐ Lower

☐ Esthetic (> 700 MPa &

☐ IPS e.max veneer

☐ IPS e.max (w/ Ti-Base)

☐ Gold-Tone Titanium

□ Titanium*

□ Composite

□ Upper

O Buy 1

☐ Hard/Soft☐ Hard

□ Cement-On Implant□ Screw-Retained Implant□ Individual Units

_____ by ____ mm

48% Translucency) ☐ Crowns & Bridges

SCREW-RETAINED RESTORATIONS

CUSTOM ABUTMENTS

COMPOSITE RESTORATIONS

NIGHTGUARDS

O Buy 2 and save O Scan/Save File

*Standard unless specified otherwise

☐ IPS e.max

☐ Bilayered Clinical Zirconia

☐ Layered IPS e.max veneer

☐ Zirconia w/ Ti-Base

☐ Fiber Reinforcement

□ Prepare existing abutment

ZIRCONIA/ALL-CERAMIC RESTORATIONS

VENEERS

☐ Smile Transitions
Abutment #(s) _____
Pontic #(s) _____

Universal Rx

	Dr. Name		Phone #	
	Acct. #	Patient ID/Name	Eiret	Lost
>	Address/Email			n
	Enclosed with Case: Impressions Mod	els 🛘 Bite 🖵 Photos 🗓	☐ Other:	
	TOOTH SELECTION	FINAL SHADE	STUMP SHADE	OCCLUSAL STAINING
			Must indicate prepped tooth shade for all-ceramics	□ None □ Light* □ Medium □ Dark
	FACIAL	PONTIC DESIGN MARGIN AND METAL DESIGN		
			Labial Butt Junction	Junct.Collar Excl.Cusp Incl.Cusp
	IF NO OCCLUSAL CLEARANCE Call doctor Spot opposing Metal occlusion Metal island Make this a permanent note			
			U Metal Occiusion	d d Make triis a permanent note
	2 B LINGUAL J 150	Implant System _	(If applicable)	
	PR PR	Implant Diameter	mm	
	PERMANENT PRIMARY			
	ARY ANE			
	OWER			
	032 0 T K 17 0 18 0 18 0 18 0 18 0 18 0 18 0 18 0			
	030 Ro P 0 NO 190			
	FACIAL		Date	
	Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.			

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