

DUE		P A N	
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# CROWN & BRIDGE RX



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 Cosmos Dental Lab (562) 928-5658 · cosmos.dental.lab@gmail.com

DENTAL OFFICE: \_\_\_\_\_  
 PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

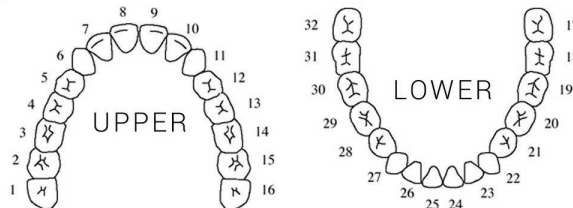
SENT	DUE
ALL CERAMIC CAD/CAM	
<input type="checkbox"/> FULL CONTOUR ZIRCONIA <input type="checkbox"/> ANTERIOR ZIRCONIA <input type="checkbox"/> IPS e.max CAD <input type="checkbox"/> Crown <input type="checkbox"/> Veneer <input type="checkbox"/> Inlay/Onlay <input type="checkbox"/> VITABLOCS (Feldspar C.) <input type="checkbox"/> Crown <input type="checkbox"/> Veneer <input type="checkbox"/> Inlay/Onlay	
PFM	
<input type="checkbox"/> NP <input type="checkbox"/> SEMI <input type="checkbox"/> HN	
CAD/CAM	
<input type="checkbox"/> PRO TEMPS	
DESIGN	

## INSTRUCTIONS



IF NO OCCLUSAL CLEARANCE:  
 CALL    REDUCE OPPOSING    REDUCTION COPING

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SHADE	
STUMP SHADE	

IMPLANTS
IMPLANT MANUFACTURER & TYPE: _____ PLATFORM SIZE: _____ LENGTH: _____
RESTORATION TYPE
<input type="checkbox"/> CEMENT RETAINED <input type="checkbox"/> SCREW RETAINED <input type="checkbox"/> PROVIDE TRANSFER INDEX
ABUTMENT TYPE
<input type="checkbox"/> STOCK <input type="checkbox"/> CUSTOM (CAD/CAM) <input type="checkbox"/> TITANIUM <input type="checkbox"/> ZIRCONIA
ABUTMENT DESIGN
<input type="checkbox"/> Surgical Placement <input type="checkbox"/> Tissue Displacement <input type="checkbox"/> No Tissue Displacement
CONTOUR & OCCLUSION
EMBRASURES: <input type="checkbox"/> CLOSED <input type="checkbox"/> OPEN OCCLUSION: <input type="checkbox"/> LIGHT <input type="checkbox"/> IDEAL <input type="checkbox"/> OPEN: _____ CONTACTS: <input type="checkbox"/> BROAD/TIGHT <input type="checkbox"/> PINPOINT <input type="checkbox"/> LIGHT