

RUSH CASE

ID: _____

DUE DATE: _____

Doctor's Name: _____

Office: _____

Patient's Name: _____ Sex: M F

Today's Date: _____

CROWN & BRIDGE INSTRUCTIONS

- Single Crown Bridge Metal Coping Try-In
 Other: _____

- PFM Restorations Full Cast Restorations
- Non-Precious Yellow Gold
 Semi-Precious White Gold

All-Ceramic Restorations:

- BruxZir® PFZ (Porcelain-Fused-to-Zirconia)
 IPS e.max® Full-Contour Zirconia

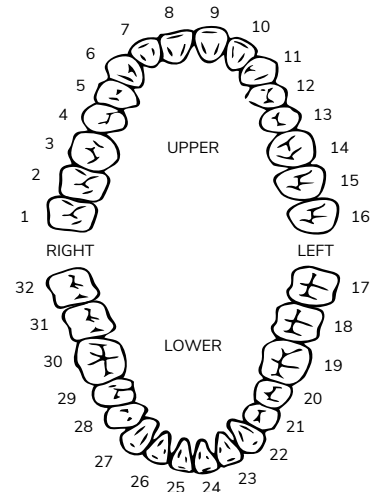
- Wide Embrasures Diagnostic Wax-Up
 No Metal Collar Provisional Crown

If No Occlusal Clearance:

- Metal Occlusion Reduce Opposing
 Reduce Abutment

Tooth #: _____

Tooth Shade: _____



REMOVABLE INSTRUCTIONS

Full Denture

- Upper
 Lower

Partial Denture

- Valplast® Flexible
 Partial
 Acrylic Partial
 Cast Partial

Removable Services

- Custom Tray
 Bite Block
 Teeth Setup
 Teeth Reset
 Finish
 Framework
 Try-In
 Repair

ADDITIONAL INSTRUCTIONS

IMPLANT INSTRUCTIONS

Implant Type

- Screw-Retained Cement-Retained

Dr. Signature: _____ Date: _____