

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery on _____

Case turnaround times are based on the date the Rx is received at Lab. Please allow 10 business days (M-F) from that date and 15 business days for complex implant cases.

CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

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

ZIRCONIA

- Zirconia Monolithic
- Zirconia Esthetic
- Layered Zirconia Posterior
- Layered Zirconia Anterior
- Cut Back Zirconia Anterior

EMAX

- Emax Press Posterior
- Emax Press Anterior
- Layered Emax
- Veneer
- Emax CAD Posterior
- Emax CAD Anterior

CUSTOM IMPLANT ABUTMENTS

- Ti-Base (Non-OEM)
- OEM Abutment
- Custom Abutment
- Gold Hue Anodization
- Stock Abutment Preparation
- Lab Analog
- Implant Parts

SCREW-RETAINED IMPLANT

- Implant Crown
- Zirconia All-On-X Bridge
- PMMA Bridge
- Trilior Bar Nano Ceramic Bridge

Return for

- Finish***
- Die trim
- Bisque
- No Model
- IOS Model
- Analog Model

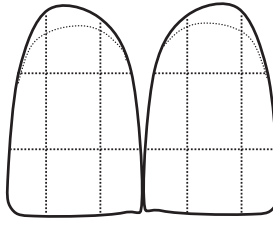
Restoration

- Crown
- Bridge
- Veneer
- Inlay/Onlay
- Implant

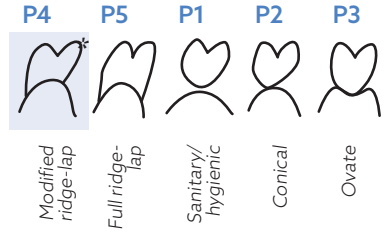
Other

- Diagnostic Wax up
- Digital Diagnostic
- Custom Shade
- Temporary (PMMA)

Characterizations



Pontic Design



Tooth Shade _____ Shade Guide Used _____
(REQUIRED) (vita is default)

Stump Shade _____ Pink Tissue Shade _____
(REQUIRED FOR E.MAX)

If Insufficient Room

- Trim opposing*
- Reduction coping

Occlusal Contact

- Light*
- Open
- Tight

Interproximal Contact

- Light*
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: photo@parkerdentallab.com

Email STL files to: cad@parkerdentallab.com

Dentist signature** _____
(REQUIRED BY LAW)

Dentist license no. _____
(REQUIRED BY LAW)

*Standard design if an option is not selected

