

# Crown & Bridge Rx

# Zirāmix

the dental lab

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## 1. Type of Restoration

- Crown & Bridge** (fill out boxes #1-13)
- a. Porc. Fused Metal Crown
  - b. Bio2000 Crown (full coverage)
  - c. Feldspathic
  - d. Full Metal Crown
  - e. Maryland Bridge
- Other**
- f. Temporary (fill out box #14)
  - g. Diag. Wax-up (fill out box #15)
  - h. Implant (See Implant RX)

## 2. Type of Metal

- PFM/FCC/COMBO**
- a. Non-Precious White
  - b. Semi-Precious White
  - c. High-Nobel 59% White
  - d. High-Nobel 90% Yellow
  - e. Bio2000 99.7% Bright Yellow
- Full Metal Crown**
- f. Prec.-High Yellow
  - g. Prec.-Yellow

## 3. Crown Design

- a. Full Porc. Coverage
- b. Lingual Collar\* \_\_mm
- c. Mesial Collar \_\_mm
- d. Distal Collar \_\_mm
- e. Metal Occ (3/4 Occ)
- f. Metal Occ (Full Occ)
- g. Metal Island
- h. Metal Lingual-Anterior tooth

## 4. Buccal/Labial Margin

- a. Metal/Porcelain Junction Margin\*
- b. Porc. Margin (90° Shoulder Required)
- c. 360° Porc. Margin (90° Shoulder Required)
- d. 360° Metal Margin (\_\_\_\_ mm on Buccal)

## 5. Pontic Design



- a. Natural
- b. Open
- c. Closed
- d. Gum Tissue Model
- e. No Ridge Relief

## 6. Gingival Embrasures

## 7. Occlusal Contact

- a. Out (0.5mm sub)
- b. Light (0.3mm sub)
- c. Contact (Touching opp)

## 8. Interproximal Contacts

- a. Light
- b. Medium
- c. Heavy (Scrape cast)

## 9. Occlusion Stain

- a. None
- b. Light
- c. Heavy

## 10. Bridge Connectors

- a. Laser Weld Connector
- b. Splinted Joint
- c. Attachment

## Doctor's Name

Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

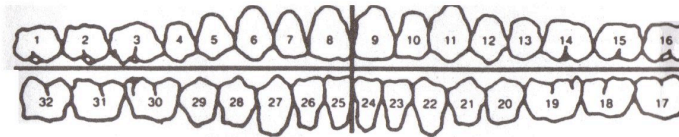
Patient Last Name | \_\_\_\_\_ |

Patient First Name | \_\_\_\_\_ |

Shipping Date | \_\_\_ | - | \_\_\_ | - | \_\_\_ | Male / Female

DATE DUE-Deliver case by 5PM on | \_\_\_ | - | \_\_\_ | - | \_\_\_ |

- Finish  Die Trim  Metal Try-In  Bisque Try-In



Singles \_\_\_\_\_

Bridge \_\_\_\_\_ pontic # \_\_\_\_\_

Dentist Signature \_\_\_\_\_ License # \_\_\_\_\_

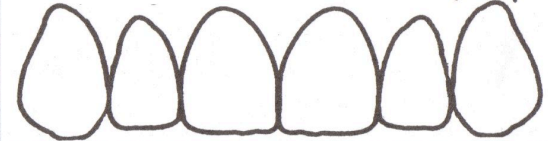
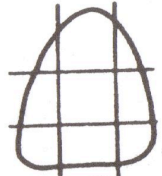
Items Enclosed \_\_\_\_ Imp. \_\_\_\_ Model \_\_\_\_ Bite \_\_\_\_ Opposing  
 \_\_\_\_ Shade \_\_\_\_ Pre-op Model \_\_\_\_ Photo \_\_\_\_ Model of Temps

## 11. Shade

**Desired Shade** \_\_\_\_\_  
 PLEASE SEND STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

### Type of Shade Guide

- Vita 3D Guide
- Vita Classic
- Chromoscope
- Bioform
- Other \_\_\_\_\_



## 12. Partial Crown Design - PFM or FCC

- a. Fit to Existing Partial
- b. Fit to Index
- c. Design for I-bar
- d. Design for Ackers
- e. Design for Plastic Clasp (FRS)
- f. Attachment \_\_\_\_\_

### For Lab Use

Model \_\_\_\_\_  
 Trim \_\_\_\_\_  
 Wax \_\_\_\_\_  
 Metal \_\_\_\_\_  
 Opaq \_\_\_\_\_  
 Porc \_\_\_\_\_  
 Pol \_\_\_\_\_  
 Q.C. \_\_\_\_\_  
 Weight \_\_\_\_\_

## 13. If Occ. Space is Needed

- a. Adjust opposing tooth\*
- b. Make Metal Island
- c. Make Metal Occlusal
- d. Adjust Prep and Mark Die
- e. Adjust Prep Make Coping
- f. Endo  Vital

## 14. Instructions for Temporaries

- A. Reduction needed**  
 i. Light  ii. Heavy
- B.**  Splinted or  Single Units
- C.** Wire reinforcement Yes No
- D.** Pontic Tooth Number \_\_\_\_\_

## 15. Diagnostic Wax Up

- Prep Model:  Yes  No Dup Model:  Yes  No  
 Open Vertical:  Yes  No \_\_\_\_\_ mm  
 Shift Midline:  Yes  No \_\_\_\_\_ mm (Right of Left)  
 Shape and Contour Incisal Embrasure  
 a. Match Existing  a. Rounded  
 b. Make Ideal  b. Square  
 c. Smile Guide #  c. Open  
 Reduction Stent:  Incisal  Labial  
 Temp Stent:  Vacuum  Putty/Wash  
 Type of Future Restoration

### -Cosmetic/Removable restorations Available-

- Please Send More  a. Shipping Labels  d. Boxes  
 b. Cosmetic Rx  e. Removable Rx  
 c. Crown and Bridge Rx  f. Implanting