



Fixed Prescription

DR: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____	CASE ENCLOSURES Impressions Qty <input type="checkbox"/> Upper # _____ <input type="checkbox"/> Lower # _____ Models <input type="checkbox"/> Upper # _____ <input type="checkbox"/> Lower # _____ Other <input type="checkbox"/> Bite(s) # _____ <input type="checkbox"/> Photo(s) # _____ <small>Emailed: photo@raglelab.com</small> <input type="checkbox"/> Pre-Op Model <input type="checkbox"/> Temp Model	PLEASE CALL <input type="checkbox"/> Before proceeding <input type="checkbox"/> To discuss restorative options <input type="checkbox"/> Patient will call for custom shading appt Note: Case is placed on hold until a response is received. Allow 1 day for call. Allow 2 days when model work needs completed prior to call.	PLEASE SEND <input type="checkbox"/> Prescriptions <input type="checkbox"/> Large Boxes <input type="checkbox"/> Small Boxes <input type="checkbox"/> Safety Bags <input type="checkbox"/> Other _____	<input type="checkbox"/> NEW CASE <input type="checkbox"/> LAB ADJUST <input type="checkbox"/> REMAKE <input type="checkbox"/> Original Crown Inc.
<input type="checkbox"/> TRY IN METAL <input type="checkbox"/> BISQUE BAKE <input type="checkbox"/> COMPLETE		DETERMINE DELIVERY DATE *See time schedule Requested Return Date _____ MO _____ DAY _____ TIME _____ Patients Next Appointment _____ / _____ / _____		
PATIENT INFORMATION: (LAST): _____ (FIRST): _____ AGE: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARGIN DESIGN Porcelain Shoulder _____ Tooth #(s) _____ Metal/Porc Junction _____ Metal/Porc Junction 360° _____ Metal Margin 360° _____		

ALL-CERAMIC

Empress Esthetic
 Emax
 XCAD Zirconia
 BruxZir Full Zirconia
 XCAD Full Zirconia

VENEERS

Empress
 Emax
 No Prep (Emax)

DIAGNOSTICS

Esthetic Wax-up
 Prep Model
 Esthetic Set-up
 Radica Temps

PORCELAIN TO METAL

CAPTEK™
 High Noble (white)
 Noble (white)
 Non-Precious (white)

FULL CAST

High Noble (yellow)
 Noble (white)
 Noble (yellow)

Construct Crown to Fit Partial

Prepare Crown for Future Partial

Note (all-ceramic is a contra-indication for both)

SHADING

_____ Tooth Shade
 _____ Stump Shade
 (required for all-ceramic crowns)

Lab Custom
 Appointment ____/____/____
 See Shade Map
 Guide Enclosed

OCCLUSION (posterior indication only)

Centric Contact
 VO1/Vertically out .1mm
 VO2/Vertically out .2mm
 VO3/Vertically out .3mm
 VO4/Vertically out .4mm
 VO5/Vertically out .5mm

OCCLUSAL STAINING

None Light
 Medium Heavy

CONTACTS

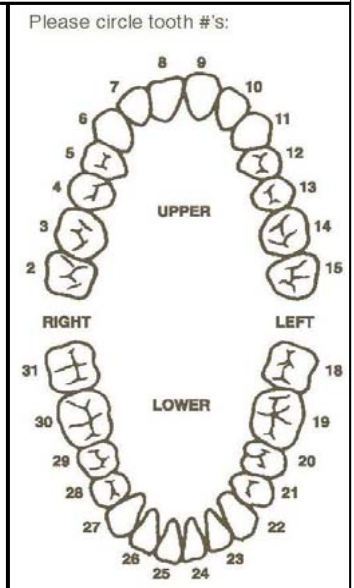
Light
 Standard
 Strong

MINIMAL CLEARANCE

Call
 Relieve Opposing
 Metal Occlusal
 Reduce Prep Reduction Coping
 Metal Island

ESTHETIC DETAILS

Follow Existing Pre-op
 Follow Temp Model
 Follow Wax-up
 Make Improvements
 See Written Instructions Below
 Follow Denture Mould
 # _____
 Future Treatment
 See Written Instructions Below



ADDITIONAL INSTRUCTIONS:

 Signature of Dentist Required

 Dentist License #

