



CROWN & BRIDGE

Location: _____

Prep Date: _____

Date Needed: _____

Specify Time Needed: _____

*Please follow our monthly delivery schedule

919-403-0604 voice | 844-293-ADS1 (2371) toll free | 919-490-1314 fax

Dr: _____ Patient Identification Code (PIC): _____

Required for case communication to maintain HIPAA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical) Example: Pt. John Doe = JD1234. Please chart this code for your records.

Patient: _____

Teeth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Numbers	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Digital Impression System Used: _____

- METAL FREE**
- Lab to use best material for strength & esthetics
 - Envision Zirconia
 - Adzir Zirconia
 - E*Max Disilicate
 - Envision Veneer/Inlay
 - E*Max Veneer/Inlay
 - Feldspathic Veneer

- PFM ALLOY TYPE**
- Posterior Flat Rate Noble PFM - only single units
 - White Noble
 - White High Noble
 - Yellow High Noble
 - Base/Non-Precious

- SPECIALTY CASES**
- Metal Occlusal
 - Survey Crown
 - Existing Partial
 - Crown with Rest

- FULL CAST CROWN**
- Posterior Flat Rated Noble Full Cast Yellow
 - 40% Yellow Gold
 - 60% Yellow Gold
 - 80% Yellow Gold
 - Non-Precious Yellow Gold
 - White Noble Alloy
 - White High Noble Alloy

Company: _____ Size: _____

- IMPLANT RESTORATIONS**
- Custom Abutments**
 - Titanium CAD
 - Zirconia CAD
 - One Piece Screw Retained**
 - Envision
 - PFM High Noble
 - Full Cast
 - Crown on Implant Abutment**
 - Envision (Esthetics & Strength)
 - AdZir (Strength)
 - E*Max
 - White High Noble PFM
 - White Noble PFM

- PATIENT INFO**
- Shade Pics Sent to - Scan QR Code or upload to absolutedentallab.com
 - Patient to Call Lab
 - Male Female
- Shade: _____
Age: _____

- CONTACT DDS**
- Technician to Call Regarding Case

SPECIAL INSTRUCTIONS: _____

SIGNATURE _____

LICENSE # _____

Scan to Upload Shades:

