



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: _____

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

IMPLANT RESTORATIONS

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: _____

Scan to Upload Shades:



SIGNATURE _____

LICENSE # _____