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Dr. Name \_\_\_\_\_ DATE \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ M / F

**TYPE OF RESTORATION**

**PLEASE INDICATE TEETH TO BE RESTORED**

**R** 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 **L**

- |  |  |
|--|--|
| <input type="checkbox"/> PFM - PORC TO WHITE GOLD - HIGH NOBLE | <input type="checkbox"/> PROCERA ALL CERAM                                     |
| <input type="checkbox"/> PFM - PORC TO YELLOW - HIGH NOBLE     | <input type="checkbox"/> PROCERA ALL ZIRKON                                    |
| <input type="checkbox"/> FULL-CAST/TYPE III YELLOW GOLD        | <input type="checkbox"/> EMPRESS CROWN <input type="checkbox"/> EMPRESS VENEER |
| <input type="checkbox"/> GOLD INLAY/ONLAY/TYPE II              | <input type="checkbox"/> EMPRESS ONLAY/INLAY <input type="checkbox"/> LAVA     |
| OTHER: _____   | <input type="checkbox"/> ACRYLIC TEMPORARIES                                   |

**ANTERIOR PFM MARGIN TYPE / METAL DESIGN / IF NOT MARKED STANDARD WILL BE USED**

TOOTH #	LINGUAL DESIGN	TOOTH #	LABIAL DESIGN
_____	NO METAL SHOWING	_____	BUCCAL PORCELAIN MARGIN
_____	METAL BAND _____ mm	_____	NO METAL SHOWING
_____	3/4 METAL LINGUAL	_____	METAL BAND _____ mm
_____	FULL METAL LINGUAL		

**POSTERIOR PFM MARGIN TYPE / METAL DESIGN / IF NOT MARKED STANDARD WILL BE USED**

TOOTH #	LINGUAL DESIGN	TOOTH #	BUCCAL DESIGN	TOOTH #	OCCLUSAL DESIGN
_____	NO METAL SHOWING	_____	NO METAL SHOWING	_____	METAL OCCLUSAL EXCLUDING BUCCAL CUSP
_____	METAL BAND _____ mm	_____	METAL BAND _____ mm	_____	METAL OCCLUSAL INCLUDING BUCCAL CUSP
_____	BUCCAL PORCELAIN MARGIN				

**PONTIC DESIGN**

- FULL RIDGE
- SANITARY
- PARTIAL RIDGE
- BULLET

**RIDGE RELIEF**

- NONE
- SLIGHT
- GENEROUS

**IMPLANT INFORMATION**

- IMPLANT TYPE  CEMENT  SCREW
- IMPLANT BRAND \_\_\_\_\_
- IMPLANT SIZE \_\_\_\_\_

**INADEQUATE OCCLUSAL CLEARANCE\***

- METAL OCCLUSION
- REDUCTION COPING
- SPOT OPPOSING
- \*WOULD YOU LIKE THIS TO BE A PERMANENT NOTE?  
 YES  NO

**PROCERA IMPLANT ABUTMENT**

- TITANIUM
- ZIRCONIA

SHADE \_\_\_\_\_



**DELIVERY DATE**

Please Deliver By 5:00 PM On \_\_\_\_\_  
 (Please allow at least 2 weeks from date of prep/shipping for delivery)

- Return for Trim  Return for Mount  Return for Metal Try-in

INSTRUCTIONS-If you would like more space, please use back of form.

Dr. Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_

- Send Rx  Send Boxes  Send Shipping Labels