

# Crown & Bridge Rx

Laboratory Procedure Prescription

## REQUIRED INFORMATION

Doctor Name \_\_\_\_\_  
(required) Last First

Practice Name \_\_\_\_\_  
(required)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient Name \_\_\_\_\_  M  F

DOB \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date/Delivery on \_\_\_\_\_

(Standard working time if no date given.) Delivery by end of day.

Case turnaround times are based on the date the Rx is received at YG Dental Technique.  
 Please allow 10 business days (M-F) from that date and 15-17 business days for complex cases.

## CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

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

### Metal PFM

- White
- Yellow
- High Noble
- Noble
- Non-precious

### Full Cast

- White
- Yellow
- High Noble
- Noble
- Non-precious

### Zirconia / All Ceramic

- Zirconia Solid
- PFZ
- Multi-Layered (Aesthetic Zirc.)
- Solid lingual with porcelain facial
- Emax (Mill)
- IPS e.max® Press (max 3 unit bridge)

### Other

- Temporary Crowns/Bridge
- Model Digital Printed

### Return for

- Die trim
- Metal try-in
- Finish\*

### Restoration

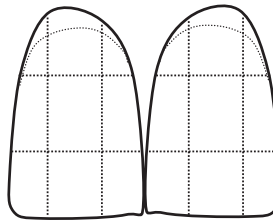
- Crown
- Bridge
- No-prep veneer
- Veneer
- Inlay/Onlay
- Implant
- Post & core
- Diagnostic wax-up
- Rest seats (specify) \_\_\_\_\_
- Crown under partial (specify) \_\_\_\_\_

## MARGIN DESIGN

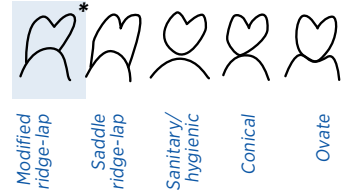
Please circle your choice(s) of margin combination

## CROWN DESIGN

### Characterizations



### Pontic Design



Tooth Shade \_\_\_\_\_ Shade Guide Used \_\_\_\_\_  
(REQUIRED) (vita is default)

Stump Shade \_\_\_\_\_ Pink Tissue Shade \_\_\_\_\_  
(REQUIRED FOR E.MAX)

### If Insufficient Room

- Trim opposing\*
- Call to discuss
- Metal occlusal
- Reduction coping
- Metal island

### Occlusal Contact

- Light\*
- Open
- Tight

### Interproximal Contact

- Light\*
- Medium
- Heavy

## RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case

Email photos to: [pictures@ygdentaltech.com](mailto:pictures@ygdentaltech.com) or [digital@ygdentaltech.com](mailto:digital@ygdentaltech.com)

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\_\_\_\_\_

Dentist signature\*\* \_\_\_\_\_  
(REQUIRED)

Dentist license no. \_\_\_\_\_  
(REQUIRED)

**\*Standard design if an option is not selected**