Smile Makers
Dental Laboratory

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FIXED & IMPLANT

Internal Use Only

Rx

Pan #_____

Due Date: _____

PRACTICE

Doctor: _____
Address: _____
Phone: _____ Date: _____

PATIENT

First Name*: _____
Last Name*: _____
Appointment: _____

CASE ENCLOSURE

☐ Impression ☐ Model ☐ Pics ☐ Bite Reg ☐ Parts

Other: _____

TYPE

☐ Zirconia Crown/Bridge ☐ PFM Crown/Bridge ☐ Implants ☐ Emax

Teeth*:	Shade*:	Stump Shade:

Contact: Broad | Normal | Point
Occlusal Contact: Foil Relief | Positive Contact
Insufficient Room: Metal Occlusal | Reduction Coping | Adjust Opposing
Staining: Non | Light | Medium | Heavy

ADDITIONAL INFORMATION FOR IMPLANTS

Crown Type*: Zirconia | PFM | Others:_____
Brand*: _____
Platform Size*: _____
Platform Type*: _____
Retained Type*: Screw Retained | Cement Retained

NOTE:

Signature: License Number:

_____ _____

* Anterior cases will be made with zirconia and porcelain, and posterior cases with full-contour zirconia. Pleas let us know if you prefer otherwise.
* CoCr is used for PFM (porcelain fused to metal) by default. Other options: Pt, titanium, gold. Contact us if you want to use a different material.