

Smile Makers Dental Laboratory

2540 Metrocentre Blvd, STE #4, West
Palm Beach, FL 33407

FIXED & IMPLANT

(561) 966-8262

smilemakers@hizir3d.com

www.smilemakersfl.com

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. Please 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.