



1103 Weir Drive
Suite 100
Woodbury, MN 55125
651-348-7848 or 855-631-6971

CALL
REQUESTED

YES ☐

NO ☐

DR.

FIRST _____ LAST _____

DATE SENT _____ SEX _____ AGE _____

DATE WANTED _____ TIME _____

PONTIC DESIGN

FULL RIDGE PARTIAL RIDGE NO RIDGE POINT CONTACT NO CONTACT



RIDGE RELIEF

☐ NONE
☐ SLIGHT
☐ MED.
☐ HEAVY

OCCLUSION

☐ METAL
☐ PORC.

CONTACTS

☐ CLOSED
☐ OPEN

IF OCC. CLEARANCE IS TIGHT

REDUCED PREP ☐ YES ☐ NO
TRIM OPPOSING ☐ YES ☐ NO
METAL ISLAND ☐ YES ☐ NO

RESTORATION TYPE

☐ Full Cast Crown
☐ 3/4 Crown
☐ Porc. To Metal
☐ Prep Extension
☐ Emax
☐ Layered Zirconia
☐ Full Zirconia
☐ Other

METAL TYPE

☐ Non Precious
☐ Semi Precious
☐ Ceramic Gold
☐ Gold ☐ Silver
☐ Gold/40%
☐ Gold Type III

ADDITIONAL INSTRUCTIONS

GINGIVAL NECK SHADE

YES ☐

NO ☐

PORCELAIN BUTT MARGIN

YES ☐

NO ☐

TOOTH NUMBERS _____

SHADE _____

STUMP SHADE _____

CHARACTERIZATION



I agree to pay for requested work at your rates. I further agree to pay all collection costs (including attorney's fees) you incur collecting your charges from me if I do not pay according to the terms of your statement

SIGNATURE/LICENSE #

PLEASE SEND: RX Forms ☐ Mailing Box ☐

White - Lab Copy / Yellow - Dr.'s Copy