

Case Name \_\_\_\_\_ Rx Date \_\_\_\_\_

Patient Name # \_\_\_\_\_ M F Due Date/Delivery on \_\_\_\_\_

Doctor Name \_\_\_\_\_ Rush Case (fee applies)

**We sent:**

- Impression  Model  Bite  Study model  Photo  
 Analog  Transfer  Abutment

**Fixed Restoration RX**

Complete the left side of the Rx, where applicable, for fixed cases.

Choose Restorations Type  Crown  Bridge

**Crown & Bridge**

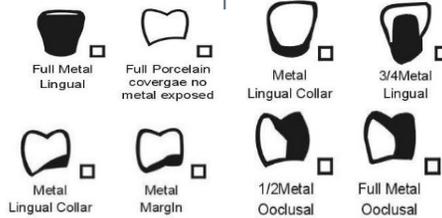
- Porcelain zirconia  Full metal cast  Post only(no crown)  
 Full contour zirconia  Maryland bridge  Integrated post+crown  
 E-max  Temporary teeth  Separate post+crown  
 PFM  Veneer/ Inlay  Coping try in

**Alloy**

- Non-Precious (Ni-Cr)  
 Non-Precious (Co-Cr)  
 Titanium  
 Semi-Precious  
 High Noble

**Pontic:**

- FULL RIDGE  PARTIAL RIDGE  
 NO CONTACT  POINT CONTACT



- Contact:**  Light  Medium  Heavy  
**Surface Texture:**  Smooth  Moderate  Heavy  
**Stain:**  None  Light  Medium  Heavy  
**Embrasure:**  Close  Open  Normal  
**Occlusal:**  In occlusion  light occlusion  Out of occlusion

**If no occlusal clearance:**

- Reduction coping  
 Mark/reduce opposing  
 Place metal island  
 Lab should contact us

**Additional:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Removable Restoration Rx**

Complete the right side of the Rx, where applicable, for removable cases.

Choose Restoration Type  Upper  Lower  Both

**Removable Cases**

- Framework  
 Valplast  
 Acrylic denture  
 Set up teeth  
 Orthodontic & Retainer  
 Set up teeth

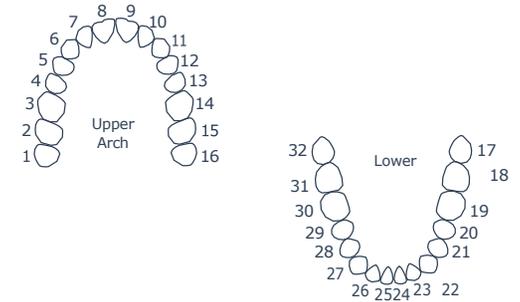
**Nightguard**

- Upper  Flexiguard (hard/soft)  
 Lower  Hard  Soft

- For try-in  
 Finish

**Tooth #**

**Shade:**



**Specific Instructions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 **To request supplies, email:**  
[info@bestodental.com](mailto:info@bestodental.com)

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