S & H Crown and Bridge, Inc.

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Case #

Patient's Name _____ Date _____ Return Date (Schedule patient after return date) _____

Doctor _____ Address _____ Telephone # _____

Ship Date (Internal Use) _____ Doctor Signature _____ Lic. # _____

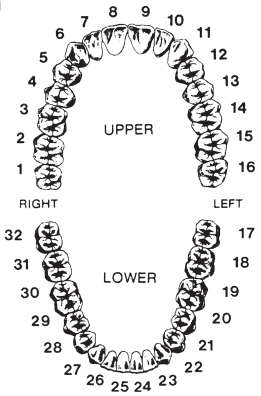
Needed: ❑ RX ❑ Shipping Labels ❑ Boxing

NEEDED FOR ALL ANTERIOR OR LARGE CASES

- ❑ Full Arch Impression
- ❑ Study Models
- ❑ Bite Reg
- ❑ Photos
- ❑ Facebow, CrossRef or Equivalent
- ❑ Diagnostic Model or Wax Up

RESTORATIVE OPTIONS

❑ Default to Laboratory Discretion



ALL CERAMIC:
- ❑ Porcelain to Zirconia
- ❑ Full Zirconia
- ❑ E-Max

PORCELAIN TO METAL:
- ❑ High Noble (Yellow or White)
- ❑ Noble / Semi-Precious

FULL CAST:
- ❑ High Noble (Yellow or White)
- ❑ Noble

REMOVABLE APPLIANCES

❑ DuraFlex Flexible Partial

TEMPS:
- ❑ PMMA w/ Tissue
- ❑ PMMA Milled Temp
- ❑ Screw Retained Temp
- ❑ Essex Retainer

DESIGN

- ❑ Porcelain Butt Margin
- ❑ Porcelain to Margin
- ❑ Lingual Collar
- ❑ 360° Metal Collar

SHADE

❑ Male ❑ Female

Tooth # _____

Selected Shade _____

Stump Shade _____
(E-max Only)

Occlusal Stain ❑ Yes ❑ No

SMILE DESIGN

Smile Catalogue Selection _____

Desired: Central Width _____ mm

Length _____ mm

PONTIC DESIGN

- ❑ Sanitary
- ❑ Modified Ridge
- ❑ Over or Socket Pontic
- ❑ Full Ridge Cap

SPECIAL INSTRUCTIONS

Adjust Opposing if Necessary
❑ Yes ❑ No ❑ Call

Adjust Preps if Necessary
❑ Yes ❑ No ❑ Call

Adjust Draw if Necessary
❑ Yes ❑ No ❑ Call

Opposing to be Restored in Future
❑ Yes ❑ No

IMPLANT SELECTION

Type & Size of Implant: _____

ABUTMENT

- ❑ LAB DESIGNED CUSTOM ABUTMENT
- ❑ ENCODED LAB DESIGNED ABUTMENT
- ❑ STOCK ABUTMENT

❑ Titanium ❑ Zirconia ❑ Gold Nitrate

CROWN

❑ SCREW RETAINED ❑ CEMENTABLE

******PLEASE MARK TYPE OF MATERIAL DESIRED FOR IMPLANT CROWN UNDER RESTORATION OPTIONS******

Special Instructions: _____