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We specialize in the
 creation of the
 ultimate hollywood smile



CROWN AND BRIDGE RX FORM

Dr. Name _____ Date: _____

Address/Email: _____

Patient Name _____ Age: _____ M F

DUE DATE (By 5 PM): _____

	FINAL SHADE	All CERAMIC/PORCELAIN	
	STUMP SHADE	<input type="checkbox"/> KZir Solid <input type="checkbox"/> KZR Anterior <input type="checkbox"/> KZR Layered <input type="checkbox"/> Lava™ Zirconia <input type="checkbox"/> Procera Zirconia	<input type="checkbox"/> e.max® Crown <input type="checkbox"/> e.max® Veneer <input type="checkbox"/> e.max® Inlay/Onlay <input type="checkbox"/> Foil Veneer <input type="checkbox"/> Sculpture® Inlay/Onlay
	OCCLUSAL STAINING	PFM	
<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> White Gold	<input type="checkbox"/> Yellow Gold <input type="checkbox"/> Bio 2000 <input type="checkbox"/> Captek	

IF NO OCCLUSAL CLEARANCE

Call Doctor Spot Opposing
 Metal Occlusion Reduction Coping

Rx



Metal Try-In Bique Try-In
 Finish Diag. Wax-up

FULL CAST RESTORATION

Non-Precious Yellow Gold
 Semi-Precious White Gold

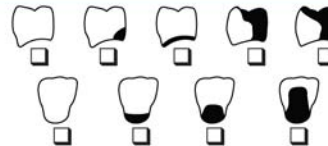
MARGIN DESIGN



RESTORATION PONTIC DESIGN



METAL / ZIRCONIA DESIGN



Signature: _____

Pink-Doctor's Copy, White & Yellow-Lab Copy