

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Patient (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Due Date \_\_\_\_\_ *Incomplete prescriptions may result in delays*

Tooth Number(s) _____		
<b>Model</b> <input type="checkbox"/> Dr will trim die(s) <input type="checkbox"/> Dr will articulate	<b>Metal Try In</b> <input type="checkbox"/> Will be singles <input type="checkbox"/> Solder index <input type="checkbox"/> One piece try in	<b>Porcelain</b> <input type="checkbox"/> Bisque <input type="checkbox"/> High Bisque <input type="checkbox"/> Finish
Shade _____	Stump Shade _____	Patient Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female

- Please Send:**
- Fixed Rx
  - Removable Rx
  - Boxes
  - Shipping Labels
  - Safe Seal Bags

PORCELAIN FUSED TO METAL	ALL CERAMIC	IMPLANTS	OTHER
<p><b>SELECT ONE:</b></p> <p><input type="checkbox"/> <b>CUSTOM ESTHETIC</b> Personalized preferences, advanced shade matching &amp; senior technicians</p> <p><input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow <input type="checkbox"/> Noble</p> <p><input type="checkbox"/> <b>TRADITIONAL</b> Posteriors only, Orbix articulation, no metal collar all around, no removal button &amp; basic shade only</p> <p><input type="checkbox"/> High Noble White <input type="checkbox"/> Noble <input type="checkbox"/> Non-precious (singles only)</p>	<p><b>TRADITIONAL OPTIONS</b> Posteriors only, basic articulation, basic shade only, no layering</p> <p><input type="checkbox"/> <b>Solid Zirconia Crown SELECT ONE:</b> ____ Strongest    ____ More translucent*</p> <p><input type="checkbox"/> e.max Traditional* ____ Crown ____ Inlay ____ Onlay</p> <p><input type="checkbox"/> Composite ____ Inlay ____ Onlay</p> <p><b>CUSTOM ESTHETIC OPTIONS</b> Personalized preferences, advanced shade matching &amp; senior technicians</p> <p><input type="checkbox"/> e.max Custom* ____ Crown ____ Inlay ____ Onlay ____ Veneer</p> <p><input type="checkbox"/> Feldspathic Veneer*</p> <p><input type="checkbox"/> Layered Zirconia Crown</p> <p><input type="checkbox"/> Facial Veneer Zirconia Crown</p> <p style="text-align: right;">*Stump shade required</p>	<p><input type="checkbox"/> <b>SCREW RETAINED</b></p> <p><input type="checkbox"/> PFM ____ alloy</p> <p><input type="checkbox"/> Solid Zirconia ____ 1 piece, lab cements ____ 2 piece, Dr. cements</p> <p><input type="checkbox"/> <b>CUSTOM ABUTMENTS</b></p> <p><input type="checkbox"/> CAD ____ Titanium ____ Zirconia ____ Lab Selects System ____ Genuine</p> <p><input type="checkbox"/> Prepped</p> <p><input type="checkbox"/> Cast ____ Type 3 Gold ____ Noble White</p>	<p><input type="checkbox"/> Full Cast</p> <p><input type="checkbox"/> Inlay</p> <p><input type="checkbox"/> Onlay</p> <p><input type="checkbox"/> Post &amp; Core ____ Type 3 Gold ____ Noble White</p> <p><b>PROVISIONALS</b></p> <p><input type="checkbox"/> PMMA</p> <p><input type="checkbox"/> Cast Reinforced</p>
<b>Custom Esthetic Instructions and Case Notes</b>			

Please Call



**KUWATA PAN DENT**

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www.KuwataPanDent.com  
*The Laboratory Dentists Trust*

**If additional interocclusal clearance is needed:**

- Adjust opposing
- Occlusal or lingual metal
- Cut down coping

**Make this a permanent note for all my cases**

*\*If we do not receive specific instructions or have customer preferences on file, the following standards will be applied to Custom Esthetic Restorations:*

- Die Spacer: 2 coats (40 microns)
- Buccal Margin Design: no metal collar
- Lingual Metal Design: 0.5mm
- Removal Buttons: No buttons
- Occlusal Contact: light (200 micron tape)