



CROWN&BRIDGE ORDER FORM

Client Name: _____ **Case#:** _____ **Ship Out Date:** / /
Doctor Name: _____ **Patient:** _____ **Case Due date:** / /

Type:	<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge	<input type="checkbox"/> Veneer	<input type="checkbox"/> Post&Core	<input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Richmond
Porcelain Fused To:	All Ceramic Restoration:		Full Cast Restorations:		Implant	
<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Emax-Layering	<input type="checkbox"/> Emax-Monolithic	<input type="checkbox"/> Non-Precious	Implant Brand _____		
<input type="checkbox"/> Semi-Precious	<input type="checkbox"/> Zirconia-Layering	<input type="checkbox"/> Zirconia-Monolithic	<input type="checkbox"/> Semi-Precious(Silver)	<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Cement Retained	
<input type="checkbox"/> White-Precious 40%	<input type="checkbox"/> Solidex(Composite)	<input type="checkbox"/> Katana/Multilayer zirconia	<input type="checkbox"/> 40% Gold(White)	<input type="checkbox"/> Custom Abutment		
<input type="checkbox"/> Yellow-Precious 74%	<input type="checkbox"/> LAVA Zirconia	<input type="checkbox"/> Emax CAD	<input type="checkbox"/> 20% Gold(Yellow)	<input type="checkbox"/> Milling Implant bar		
Miscellaneous:			<input type="checkbox"/> 52% Gold(Yellow)	<input type="checkbox"/> Cast UCLA abutment		
<input type="checkbox"/> Buccal Porcelain Butt Margin			Attachment:	<input type="checkbox"/> Cast Implant bar		
<input type="checkbox"/> 360 Porcelain Butt Margin			<input type="checkbox"/> ERA	<input type="checkbox"/> Malo Bridge		
<input type="checkbox"/> Metal occlusion			<input type="checkbox"/> MK1			
<input type="checkbox"/> Metal Island			<input type="checkbox"/> Key&Key Way			
<input type="checkbox"/> Cantilever Bridge			<input type="checkbox"/> Ball Type			
<input type="checkbox"/> Temporary Crown/ Bridge			<input type="checkbox"/> Locator			
<input type="checkbox"/> Diagnostic Wax Up			<input type="checkbox"/> Telescope			
				Abutment Material		
				<input type="checkbox"/> Zirconia	<input type="checkbox"/> Titanium	
				<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Semi-Precious	

Tooth Shade _____ **Shade:** _____ **Stump Shade :** _____ **Photos E-mail To :** fredlee@beeboxmedical.com

Design:	Staining	Aesthetic &Functional Requirements																																																																																
Pontic Design 	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Strong 	<input type="checkbox"/> Ideal <input type="checkbox"/> Copy Study Model <input type="checkbox"/> Characterized <input type="checkbox"/> Diastema(s) Central Length/Width Please remark: _____ Desired Shape: 																																																																																
Metal Design 	Embrasure <input type="checkbox"/> Close <input type="checkbox"/> Moderate <input type="checkbox"/> Open 	Goal of Restoration: _____ Posterior Functional Requirements <input type="checkbox"/> Class 1 (Ideal) <input type="checkbox"/> Class 2 (Retrognathic) <input type="checkbox"/> Class 3 (Prognathic) What patient Like: _____ What Patient Dislike: _____																																																																																
Occlusal Contact <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Open 	Die Spacer <input type="checkbox"/> X1 <input type="checkbox"/> X2 <input type="checkbox"/> X3 	<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="14">Tooth Number</td> </tr> <tr> <td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td>48</td><td>47</td><td>46</td><td>45</td><td>44</td><td>43</td><td>42</td><td>41</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td> </tr> <tr> <td colspan="7"></td><td>55</td><td>54</td><td>53</td><td>52</td><td>51</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td> </tr> <tr> <td colspan="7"></td><td>85</td><td>84</td><td>83</td><td>82</td><td>81</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td> </tr> </table>	Tooth Number														18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38								55	54	53	52	51	61	62	63	64	65								85	84	83	82	81	71	72	73	74	75
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NOTE: * Means ADS Default if you don't select on the form																																																																																		
Additional Instructions:																																																																																		

If Insufficient Room:(must select)

- Reduce Opposing
 Metal Occlusal
 Metal Island
 Reduction Coping
 Email me photo