HERMANSON LEMKE

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HermansonLemkeDental.com

Crown & Bridge Rx

DOCTOR INFORMATION		FOR LAB USE ONLY
		Pan No
<u></u>		Case Needed
Date:		
Patient:		Date:
	_ Age:	Time:
Shade:		
NO. OF UNITS TYPE OF RESTORATIONS Porcelain & Metal Crown ZEUS ZEUS ZirCAD Zeus Ultra E.max Shaded E.max Layered Porcelain to Zirconia Full Metal Crown Temporary Diagnostic Wax-Up Digital Diagnostic Wax-Up	PONTIC DESIGN O M Full Ridge O No Ridge O No Ridge O No Contact O N	RETURN O Die Trial O Metal Trial O Bis-Bake O Finished RIDGE RELIEF O None O Medium O Slight O Heavy ESTHETIC OPTIONS
OSurvey for Partial METAL	IS TIGHT OReduce Prep OTrim Opposing	OGingival Neck Shade Cold ONo Facial Gingival OMetal Collar
OHigh Noble ONoble ONon-Precious	⊙Metal Island	OPorcelain Butt Margin OOcclusal Staining
OCall Doctor		
Dentist's Signature (Required	H)	
	ng Boxes O Rx Forms	○ Shipping Labels

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize MicroDental Laboratories to construct, alter, or repair the restoration described on this requisition.

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FRAMEWORK DESIGN



CHARACTERIZATION



ADDITIONAL INSTRUCTIONS	