

Crown & Bridge Rx

***Standard PFM/FGC design if nothing is marked.**
***Additional fees will apply if other than standard.**

1. Type of Restoration

Crown & Bridge

(fill out boxes #1-12)

- a. Porc. Fused Metal*
- b. Full Metal Crown

Other

- c. Temporary
(fill out box #13)
- d. Diag. Wax-up
(fill out box #14)
- e. Implant
(See Implanning Rx)

2. Type of Metal

Porc. Fused Metal

- a. Precious*-White
- b. Semi-Precious-White
- c. Yellow Ceramic-Med. Yel.
- d. Non-Precious-White

Full Metal (Crown/Onlay/Inlay)

- a. Precious-Yellow*
- b. Precious-High Yellow
- c. Precious-White
- d. Semi-Precious-White
- e. Yel. Ceramic-Med. Yel.
- f. Non-Precious-White

3. Crown Design

- a. Full Porcelain Coverage
- b. Lingual Collar* _____mm
- c. Mesial Collar _____mm
- d. Distal Collar _____mm
- e. Metal Occlusal (3/4 Occ)
- f. Metal Occlusal (Full Occ)
- g. Metal Island
- h. Metal Lingual-Anterior Tooth

4. Buccal/Labial Margin

- a. Metal/Porcelain Junction Margin*
- b. Porcelain Margin (90° Shoulder Required)
- c. 360° Porcelain Margin (90° Shoulder Required)
- d. 360° Metal Margin (_____mm on Buccal)

5. Pontic Design



- a. b. c.* d. e.
- No Ridge Relief

6. Gingival Embrasures

- a. Natural*
- b. Open
- c. Closed
- Gum Tissue Model

7. Occlusal Contact

- a. Out (0.5mm sub)
- b. Light* (0.3mm sub)
- c. Contact (Touching Opp)
- a. Light
- b. Medium*
- c. Heavy (Scrape Cast)

9. Occlusal Stain

- a. None*
- b. Light
- c. Heavy

Terms and Conditions: GKY Dental Arts, Inc. requires each case to be accompanied by a signed lab slip which is a binding work order agreement and acceptance of our Terms and Conditions. Terms and Conditions are posted on our website. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

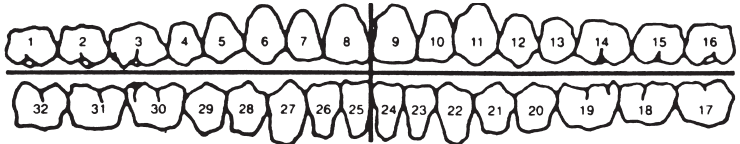
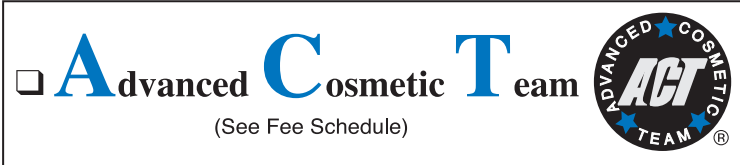


GKY Dental Arts, Inc.

4212 Artesia Blvd. (800) 548-3384
 Torrance, CA 90504 (310) 214-8007
 www.gkydentalarts.com (310) 214-9137 Fax

Account # _____
 Doctor's Name _____
 Group Name _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Patient Last Name | _____
 Patient First Name | _____
 Shipping Date | ____-____-____ | Male Female
DATE DUE-Deliver case by 5PM on | ____-____-____ |
(Please do not schedule patients on lab due date.)

- Finish Die Trim Metal Try-In Bisque Try-In



- Singles _____
- Bridge _____ (Pontic # _____)

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

Dentist Signature _____ License # _____

- Items Enclosed Imp. Model Bite Oposing
 Shade Pre-op Model Photo Model of Temps

10. Shade

Desired Shade _____

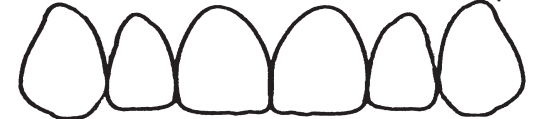
PLEASE SEND STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

Type of Shade Guide

- Vita 3D Guide Chromoscope
- Vita Classic Bioform
- Other _____

Smile Guide # _____

photo@gkydentalarts.com



11. Partial Crown Design - PFM or FCC

- a. Fit to Existing Partial
- b. Fit to Index
- c. Design for I-bar
- d. Design for Ackers
- e. Design for Plastic Clasp (FRS)
- f. Attachment _____

For Lab Use

Model _____
 Trim _____
 Wax _____
 Metal _____
 Opaq _____
 Porc _____
 Pol _____
 Q.C. _____
 Weight _____

12. If Occlusal Space is Needed

- a. Adjust Opposing Tooth*
- b. Make Metal Island
- c. Make Metal Occlusal
- d. Adjust Prep and Mark Die
- e. Adjust Prep and Make Coping
 Endo Vital

13. Instructions for Temporaries

- a. Reduction Needed Light* Heavy
- b. Splinted* or Single Units
- c. Pontic Tooth Number _____

14. Diagnostic Wax-up

- Crown - Tooth # _____ Veneer - Tooth # _____
- Open Vertical: Yes No _____mm
- Shift Midline: Yes No _____mm (Right or Left)
- Model Duplication**
 Master Model: Yes* No a. Match Existing
 Prep Model: Yes* No b. Make Ideal
 Final Wax up: Yes* No c. Smile Guide # _____
- Reduction Stent:** Incisal Labial
- Provisional Matrix:** Vacuum Putty/Wash
- Type of Future Restoration _____

Additional Services: Cosmetic/Removable/Implanning

- Please Send More Shipping Labels Boxes
 Cosmetic Rx Removable Rx
 Crown & Bridge Rx Implanning Rx