

Doctor _____

Practice Name _____

Patient Name _____

Patient Chart # _____ M F

Rx Date _____ Due Date / Delivery on _____



Avilab
DENTAL LABORATORY

(832) 458-9676 | avilabdental@yahoo.com | TX# 03754

CROWN & BRIDGE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Porcelain to metal

- Non-precious PFM
- Semi Precious
- High Noble
- Captek

Full cast crown

- Non-precious
- Non-precious Yellow
- Semi (>25%)
- Gold (>25%)

Diagnostic Wax up

From _____ to _____

Metal Design



Pontic Design



Tooth Shade

Stump Shade

Crown

Bridge

All Ceramic

- E-MAX
- Full Zirconia
- Zirconia (PFZ)

Occlusal

- In occlusion
- Light occlusion
- Out of occlusion

If insufficient room

- Trim opposing
- Trim abutment
- Metal occlusion
- Metal Island
- Call Doctor

Return for

- Die trim
- Metal try in
- Bisque
- Finish

Interproximal contact

- Normal
- Light
- Tight

Upper

Lower

REMOVABLE PROSTHETIC RX

Material

- Acrylic Partial
- Valplast
- Cast partial
- Hybrid (Valplast +Frame)
- Denture
- Immediate Denture

Appliance

- Hard Night Guard
- Soft Night Guard
- Thermo (hard+soft)
- Prostetic stent
- Bleaching Tray
- Retainer (Hawley)
- Space Maintainer

Steps to completion

- Custom Tray
- Wax-rim-Base plate
- Framework try in
- Set up
- Process + Finish

Special Orders

- Flex clasps
- Mesh reinforcement
- IPN teeth
- Implants
- ERA attachment

Major conector: Upper

- Horseshoe
- Palatal strap
- Full coverage

Major connector: Lower

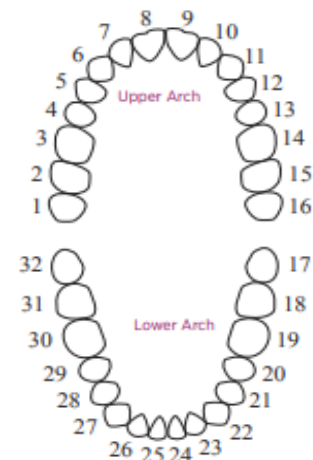
- Lingual plate
- Lingual bar

Special Instructions:

Shade

Teeth:

Gum:



Doctor's Signature _____

Lic# _____