CROWN WORKS DENTAL LABORATORY
CERTIFIED DENTAL LABORATORY

775 Taylor Street
Sutherlin, Oregon 97479
Phone: 541-459-5134
Toll Free: 1-888-522-8324
Fax: 541-459-0521
www.crowndentalworks.com

Dr. Name _____ DATE _____

Patient _____ Age _____ M / F

TYPE OF RESTORATION

❑ PFM: PORCELAIN TO NOBLE
❑ PFM: PORCELAIN TO NON PRECIOUS
❑ PFM: PORCELAIN TO HIGH NOBLE
❑ FULL-CAST/TYPE III YELLOW GOLD
❑ INLAY/ONLAY TYPE II GOLD
❑ PORCELAIN TO ZIRCONIA
❑ FULL CONTOUR ZIRCONIA
❑ ESTHETIC ZIRCONIA
❑ EMAX MONOLITHIC
❑ EMAX LAYERED
❑ DIAGNOSTIC WAX UP
❑ TEMPORARIES
❑ OTHER _____

PLEASE INDICATE TEETH TO BE RESTORED

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

ANTERIOR PFM MARGIN TYPE / METAL DESIGN / *IF NOT MARKED STANDARD WILL BE USED*

TOOTH # LINGUAL DESIGN

_____ NO METAL SHOWING
_____ METAL BAND _____ mm
_____ 3/4 METAL LINGUAL
_____ FULL METAL LINGUAL

TOOTH # LABIAL DESIGN

_____ BUCCAL PORCELAIN MARGIN
_____ NO METAL SHOWING
_____ METAL BAND _____ mm

POSTERIOR PFM MARGIN TYPE / METAL DESIGN / *IF NOT MARKED STANDARD WILL BE USED*

TOOTH # LINGUAL DESIGN

_____ NO METAL SHOWING
_____ METAL BAND ____ mm

TOOTH # BUCCAL DESIGN

_____ NO METAL SHOWING
_____ METAL BAND ____ mm
_____ BUCCAL PORCELAIN MARGIN

TOOTH # OCCLUSAL DESIGN

_____ METAL OCCLUSAL EXCLUDING BUCCAL CUSP
_____ METAL OCCLUSAL INCLUDING BUCCAL CUSP

PONTIC DESIGN

❑ FULL RIDGE
❑ SANITARY
❑ PARTIAL RIDGE
❑ BULLET

RIDGE RELIEF

❑ NONE
❑ SLIGHT
❑ GENEROUS

IMPLANT INFORMATION

IMPLANT TYPE ❑ CEMENT ❑ SCREW
IMPLANT BRAND _____
IMPLANT SIZE _____
IMPLANT ABUTMENT ❑ TITANIUM ❑ ZIRCONIA

DR. SPECIFIED	MARGINS	*DEFAULT
_____	BUCCAL/FACIAL	1.5mm subgingival
_____	INTERPROXIMAL	1.0mm subgingival
_____	LINGUAL	0.5mm subgingival

*Default will be used if none specified

INADEQUATE OCCLUSAL CLEARANCE*

❑ METAL OCCLUSION
❑ REDUCTION COPING
❑ SPOT OPPOSING

*WOULD YOU LIKE THIS TO BE A PERMANENT NOTE?
❑ YES ❑ NO

SHADE _____

DELIVERY DATE

Please Deliver By 5:00 PM On _____
(Please allow at least 2 weeks from date of prep/shipping for delivery)

❑ Return for Trim ❑ Return for Mount ❑ Return for Metal Try-in

INSTRUCTIONS - If you would like more space, please use back of form.

Dr. Signature _____ Lic. No. _____

❑ Send Rx ❑ Send Boxes ❑ Send Shipping Labels