

Crown and Bridge RX Form

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Precision Driven, Seamlessly Delivered

Doctor Information

- Doctor Name: _____
- Clinic Name: _____
- Contact Number: _____
- Date of Order: _____
- Delivery Date: _____

Patient Information

- Patient Name for Warranty: _____
- Age: _____
- Gender: _____

Job Type (Select one)

- New Job
- Correction Job
- Redo/Remake Job
- Continuation

Shade

- Tooth Shade: _____
(Include an image of a tooth bifurcated into three parts if needed)

Type of Restoration (Select one)

- Joint Crowns
- Separate Crowns
- Bridge

Tooth Number: (Please mark on the quadrant diagram)

- Quadrant 1: 1 2 3 4 5 6 7 8
- Quadrant 2: 1 2 3 4 5 6 7 8
- Quadrant 3: 1 2 3 4 5 6 7 8
- Quadrant 4: 1 2 3 4 5 6 7 8

Parts Sent

- Lab Analog Qty: _____
- Impression Post Qty: _____
- Abutment Qty: _____
- Screw Qty: _____

Company of Stock

- Type of Restoration:
 - Direct
 - Indirect

Enclosed With (Select all that apply)

- Impression Upper
- Impression Lower
- Model Lower
- Model Upper
- Study Model
- Jig Trial
- Digital Photo
- Articulator
- Shade Tab
- Bite

Margin Design (Select one)

- 360° Metal Collar (default)
- 360° All Porcelain Shoulder (*Must prep for this*)
- Facial Porcelain Shoulder 180°
- Lingual Metal Collar (traditional)
- Metal or Zirconia Occlusal
- Metal or Zirconia Lingual

Stage (Select one)

- Open Special Impression Tray
- Jig Trial
- Screw Retained Bite Block
- Teeth Setup Trial
- PMMA
- Coping Trial
- Bisque Trial
- Finish

Product Details (Select one)

- Milled Titanium
- DMLS - CoCr
- Metal Casting
- Peek
- G-Cam / with Ti base / Co-Cr / Peek

Specifications / Remarks (if any)

In Case of Any Clarification please contact care@dentailink.com or 9933140999

