OpalShine
DENTAL LAB

#13 (2nd Floor), 3871 N Fraser Way, Burnaby, B.C. V5J 5G6
Tel. 236-996-6909
E-mail: digital@opalshine.ca

CLINIC / LAB: _____ DOCTOR: _____

PATIENT: _____ SEX: ____ AGE: ____

DATE SENT: _____ DUE DATE: _____

Crown&Bridge RX

□ TRY-IN □ FINISH

□New Case □ Redo □ Repair

1.Type of Restoration
□ PFM
□ Full Metal Crown
□ Full Contour Zirconia Crown
□ E.max
□ Temporary
□ Porc. Fused Zirconia Crown

2. Type of Metal
□ Non Precious
□ Semi Precious
□ Yellow Gold
□ White Gold

3.Crown Design
□ Metal Lingual Collar____mm
□ 360° Metal Collar
□ Porcelain Butt Margin
□ Metal Occlusion
□ Metal Lingual (Anterior Only)
□ Cingulum Rest
□ Occlusal Rest
□ No metal showing

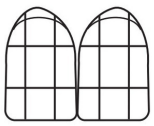
4. Pontic Design

5.Gingival Embrasure
□ Open
□ Closed
□ Gum Tissue Model

6.Occlusal Contact
□ Out 0.5mm sub
□ Out 0.3mm sub
□ Contact(Touching Opp)

7. Inadequate Clearance
(Check if applicable)
□ Call/Email
□ Reduce Opposing
□ Reduce Prep & Mark Die
□ Metal Occlusion
□ Metal Island

8.Shade



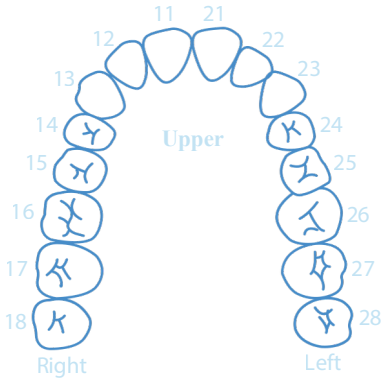
E.max
Stump Shade

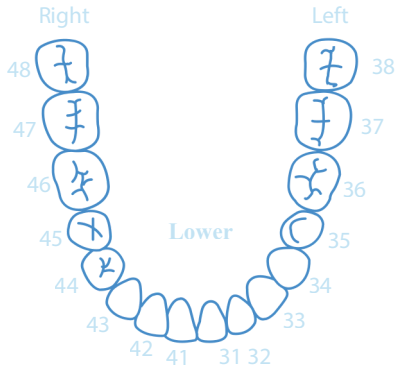
9.Occlusal Stain
□ None
□ Light
□ Heavy

10. Interproximal Contact
□ Board & Tight
□ Light
□ Medium
□ Open

Instruction:

Rx





SPECIFIC INSTRUCTION

Signature_____

□ Prescription Pad □ Bag □ Shipping Box □ Please Call Doctor