

**CROWN & BRIDGE WORK**

Doctor: \_\_\_\_\_ Practice: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Date in: \_\_\_\_\_ Due date: \_\_\_\_\_ Time: \_\_\_\_\_

**Item Enclosed**

- Upper/ Lower Impression
- Upper/ Lower Model
- Bite Registration
- Old Crown/ Bridge
- Study Models
- Existing Denture
- Post Core (PIN)
- Implant Guide Pin
- Imp. Coping/ Screw
- Analogue
- Imp. Abut.
- Articulator
- Photo/ CD or Email
- Other Inclusions

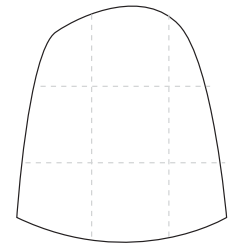
**Instructions/ Comments**

**Teeth Position**

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

**Shade**

- Basic Shade: \_\_\_\_\_  
 Stump Shade: \_\_\_\_\_  
 Occlusal Stain:  
 Heavy  Light \*  None
- Patient sent to lab for shade



**Restoration**

- Crown
- Bridge
- Inlay/ Overlay
- Veneer
- Maryland/ Bonded/ Pontic
- Post Core
- Implant

**PFM**

- Non-Precious
- Semi-Precious
- Precious
- Bio-Metal
- Buccal Porcelain Margin
- 360° Porcelain Margin
- Fine Metal Margin

**e.max**

- Full Press  CAD/ CAM
- Build Up

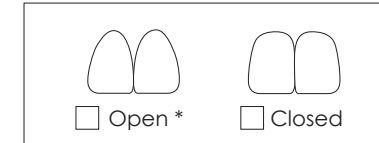
**Zirconia**

- Full Contour
- Build Up

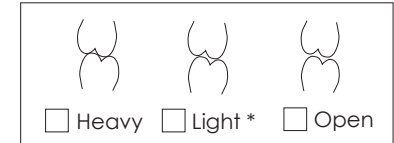
**Implants**

- Screw Retained
- Cement Retained

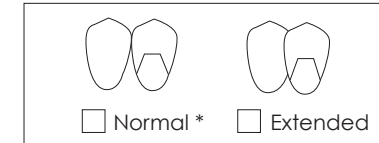
**Embrasure**



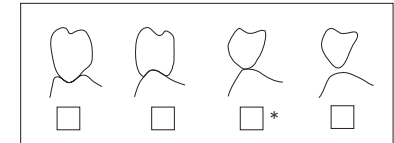
**Occlusal Contact**



**Proximal Contact**



**Pontic Design**



\* standard protocol unless specified otherwise

Completed by: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

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