

DR. Name:

CLINIC Name & Address:

PATIENT Name: Age: Sex: F M



DATE ORDERED YYYY / MM / DD

APPOINTMENT YYYY / MM / DD

DUE DATE YYYY / MM / DD

Pick-up Delivery

INSTRUCTIONS :

Dr. signature Licence number

403 - 923 2994 • Holy Cross Centre: Unit #120, 2310-2nd Street SW, Calgary, AB, T2S 3C1 • Celadon.DentalStudio@gmail.com

Rx FORM

TOOTH (TEETH) #

| |
|--------------|
| METAL TRY-IN |
| BISQUETRY-IN |
| FINISH |

PORCELAIN-TO-METAL

- Semi-Precious
- High Noble
- Titanium

- Full Coverage
- Metal Occlusal
- Metal Margin
- Metal Collar Lingual only
- Metal Lingual anterior
- Metal Occlusal
- Porcelain to Margin
- Porcelain Butt Margin
- 360° Butt Margin
- Inlay / Onlay
- Indirect Post and Core

CENTRIC CONTACT

- Foil Relief
- Positive Contact
- Cusp Fossa

LATERAL EXCURSION

- Cuspid Guidance
- Group Function

ADJUST OPPOSING IF NECESSARY

- Yes No
- Call the doctor

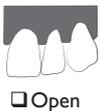
ADJUST PREPS IF NECESSARY

- Yes No
- Reduction Coping

WILL THE OPPOSING BE RESTORED IN THE FUTURE

- Yes No

GINGIVAL EMBRASURES



Closed

Open

METAL DESIGN

Full porcelain coverage
No metal 360°

Full porcelain coverage
Distal metal tab

360° metal collar

Metal collar, lingual only

Broad metal lingual collar

Broad metal lingual, buccal collar

Metal lingual anterior

Metal lingual anterior, buccal collar

Metal occlusal

Metal occlusal with buccal collar

Metal occlusal with metal hood incisal

Metal occlusal metal hood incisal buccal collar

ALL CERAMIC RESTORATIONS

- Empress
- E. Max
- Procera Alumina

SHADE:

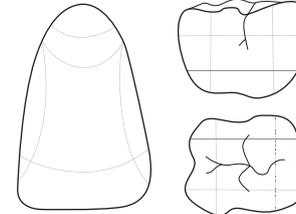
Prep Shade:

DIAGNOSTICS WAX-UP

- Basic (regular model work)
- Presentation (white models, translucent wax)
- Prep. Guide Matrix
- Provisional Matrix

COSMETIC GOALS

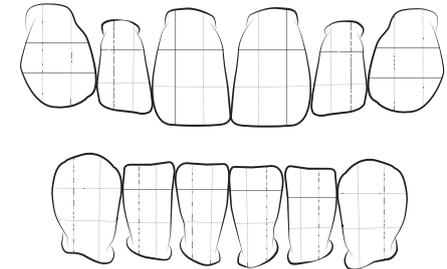
- Improve Shade
- Improve Shape
- Lengthening
- Alignment
- Move Midline
- Close Diastema
- Other



Posterior Occl. Stain
Colour:
Placement:

ADDITIONAL INFO:

.....
.....
.....
.....
.....
.....



CHARACTERIZATION:

Trans. Intensity
Trans. Volume
Surface texture
Lobing
Surface Finish

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Min (0.5mm) | <input type="checkbox"/> Modest (1mm) | <input type="checkbox"/> Max (2mm) |
| <input type="checkbox"/> Smooth | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy |
| <input type="checkbox"/> Low Gloss | <input type="checkbox"/> Polished Gloss | <input type="checkbox"/> High Glaze |

IMPLANTS

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Impression Post (transfer coping) | Dr. provided <input type="checkbox"/> | Lab order <input type="checkbox"/> |
| <input type="checkbox"/> Analog | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abutment | <input type="checkbox"/> | <input type="checkbox"/> |

PONTIC DESIGN

- | | |
|-----------------------------------|------------------------------------|
| | |
| <input type="checkbox"/> Hygienic | <input type="checkbox"/> Ovate |
| | |
| <input type="checkbox"/> Harmony | <input type="checkbox"/> Ridge Lap |