

# Rx FORM (CROWN & BRIDGE)



# PREMIER

## DENTAL LAB

**MAIN:** (651) 453-0225

**SEND TECHNICIAN TEXT:** (612) 323-7134

**SEND EMAIL:** info@premierdentallab.com

**SEND PHOTOS:** photos@premierdentallab.com

**SEND SCANS:** digital@premierdentallab.com

**DOCTOR -** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

**PATIENT -** LAST NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SEX: ☐ M

RECORD #: \_\_\_\_\_ ☐ F

RETURN DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

RETURN TIME: \_\_\_\_\_ ☐ A.M. ☐ P.M.

### PLEASE SEND:

☐ REMOVABLE RX FORMS

☐ FIXED RX FORMS

☐ SHIPPING BOXES

☐ OTHER: \_\_\_\_\_

### ☐ PLEASE CONTACT ME:

EMAIL: \_\_\_\_\_

TEXT: \_\_\_\_\_

PHONE: \_\_\_\_\_

### CROWN TYPE:

☐ ZIRCONIA

☐ E.MAX

☐ PFM

☐ FULL CAST

☐ OTHER: \_\_\_\_\_

### TOOTH #(s):

### ALLOY TYPE:

☐ NON-PRECIOUS

☐ NOBLE (WHITE)

☐ NOBLE (YELLOW)

☐ HIGH NOBLE (WHITE)

☐ HIGH NOBLE (YELLOW)

### ADDITIONAL INSTRUCTIONS:

### SHADE / CHARACTERIZATION:

CROWN SHADE: \_\_\_\_\_

STUMP SHADE: \_\_\_\_\_

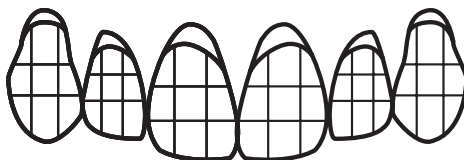
☐ PHOTOS SENT TO:

PHOTOS@PREMIERDENTALLAB.COM

☐ CUSTOM SHADE / STAIN

\*CALL LAB TO SCHEDULE

Indicate characterization-gingival shade, incisal shade, apical extent of each shade, translucent areas and surface texture.



### TYPE OF PREPARATION:

☐ CHAMFER

☐ FEATHER EDGE

☐ SHOULDER

☐ BEVEL

☐ SHOULDER WITH BEVEL

### CONTACTS:

OCCLUSAL: ☐ OPEN ☐ CLOSED

PROXIMAL: ☐ OPEN ☐ CLOSED

IF OCCLUSAL CLEARANCE IS TIGHT, OK TO TRIM

OPPOSING? ☐ YES ☐ NO

### LINGUAL METAL DESIGN (CIRCLE ONE) *if no design specified we will use B or H*



### IMPLANTS

BRAND: \_\_\_\_\_

SYSTEM: \_\_\_\_\_

SIZE: \_\_\_\_\_

ANALOG PROVIDED:

☐ YES ☐ NO

☐ SCREW RETAINED

☐ CEMENT RETAINED

### CUSTOM ABUTMENT TYPE:

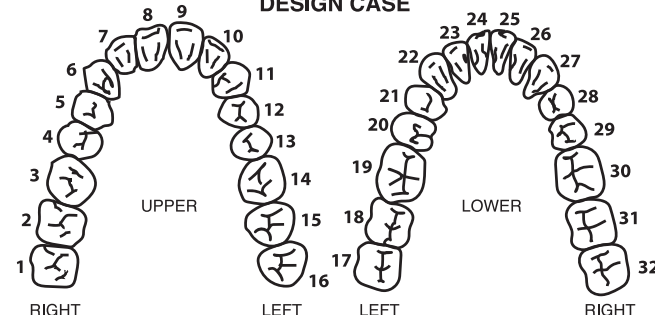
☐ TITANIUM

☐ GOLD HUE

☐ ZIRCONIA

☐ OTHER: \_\_\_\_\_

### DESIGN CASE



Dentist Signature \_\_\_\_\_

Date: \_\_\_\_\_ License No. \_\_\_\_\_



## LIMITED WARRANTY / LIMITATION OF LIABILITY

Premier Dental Laboratory warrants **FIXED PROSTHETICS** for a period of two years from the date of original insertion. If a fixed prosthetic product fractures during this period, any repairs or replacement will be provided to the dentist at no charge (provided that the patient visits the dentist at least once a year during the warranty period and the restoration is placed with recommended materials).

Premier Dental Laboratory warrants **REMOVABLE PROSTHETICS** as follows:

- Cast partial frames for a period of five years from the date of original insertion (provided the patient visits the dentist at least once a year during the warranty period).
- Full dentures and acrylic/teeth on partial dentures for a period of one year from the date of original insertion.
- Wire and acrylic partials, occlusal splints and gasket partials for a period of six months from the date of original insertion.
- Immediate dentures and partials, flippers and repairs for a period of thirty days from the date of original insertion.

If a removable prosthetic product fractures during the warranty period, any repairs or replacement will be provided to the dentist at no charge.

The sole obligation of Premier Dental Laboratory shall be to repair or replace the product in question. We specifically disclaim any and all liability for any incidental or consequential damages that may be incurred by the patient.

100 Bridgepoint Way, Suite 110 • South St. Paul, MN 55075

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**Send Photos:** [photos@premierdentallab.com](mailto:photos@premierdentallab.com) • **Send Scans:** [digital@premierdentallab.com](mailto:digital@premierdentallab.com)

[www.premierdentallab.com](http://www.premierdentallab.com)