



Rx

Crown & Bridge

(434) 282-4862

admin@paramountdentalstudio.com

Doctor _____ License No _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other _____

Patient _____

Gender ☐ Male / ☐ Female Age _____

Date ____/____/____ Signature _____

Ceramic

- ☐ Zirconia - 3Y
- ☐ Aesthetic Zirconia - 4Y
- ☐ Katana Zirconia - 5Y
- ☐ Porcelain Fused to Zirconia
- ☐ E.max
- ☐ E.max Pressed
- ☐ E.max Inlay/Onlay
- ☐ E.max Veneer
- ☐ Zirconia Inlay/Onlay
- ☐ Zirconia Veneer

PFM

- ☐ Non-Precious
- ☐ Noble White (Semi-Precious)
- ☐ High Noble White (Precious)

Smile Design

- ☐ Printed Model
- ☐ Putty Matrix
- ☐ Stent
- ☐ STL

Full Cast

- ☐ Non-Precious
- ☐ Noble (Semi-Precious)
 - ☐ White / ☐ Yellow
- ☐ High Noble (Precious)
 - ☐ White / ☐ Yellow

Add-Ons

- ☐ 360 Porcelain Collar
- ☐ Labial Porcelain Collar
- ☐ 360 Metal Collar
- ☐ Labial Metal Collar
- ☐ Metal Occlusal
- ☐ Adapt to Appliance
- ☐ Attachment
- ☐ Digital Design
- ☐ Temporary
- ☐ Rest Seat
- ☐ Wing
- ☐ Pink Porcelain
- ☐ Post & Core
 - ☐ Separate
 - ☐ Combined

Design

Occlusal Staining

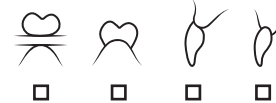
- ☐ No (lab default)
- ☐ Yes

Final Shade



(VITA Classical shades)

Pontic Design



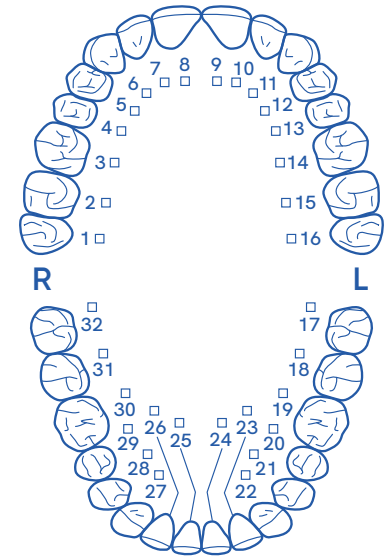
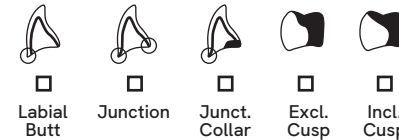
Stump Shade

Must indicate prepped tooth shade for all ceramics

Insufficient Occlusal Space

- ☐ Technician Recommendation
- ☐ Switch to Metal Crown (thinnest available)
- ☐ Reduce Opposing
- ☐ Reduce Prep (send reduction coping)

Margin and Metal Design



Teeth #s _____

Timeline

Due Date ____ / ____ / ____

Time of Seating _____

Additional Notes