



COMPREHENSIVE PRESCRIPTION FORM

DOCTOR NAME: _____ DATE: _____

☐ Signature and License Number on File

ADDRESS: _____

PHONE: _____ FAX: _____

PATIENT NAME: _____

Return dates are determined after a case review based on the complexity and doctor/technician collaboration required.

☐ Please call for consultation (required for all complex cases)

LEVEL OF SERVICE (Provisionals)

- ☐ PROVISIONAL RESTORATION
- ☐ Shell provisional (crowns only)
 - ☐ Provisional fabricated on cast of tooth preparations

LEVEL OF SERVICE (Final Restorations)

☐ EXPRESS (monolithic, stained & glazed)

Material/Indicate Tooth Number(s): _____

- ☐ Monolithic pressed lithium disilicate (LD)
- ☐ Monolithic translucent zirconia (4Y-ZP)
- ☐ Monolithic opacified zirconia (3Y-TZP)

☐ CLASSIC

Material/Indicate Tooth Number(s): _____

- ☐ Monolithic pressed lithium disilicate (LD)
- ☐ Layered pressed lithium disilicate (LD)
- ☐ Monolithic translucent zirconia (4Y-ZP)
- ☐ Monolithic opacified zirconia (3Y-TZP)
- ☐ PFZr (3Y-TZP zirconia substrate)
- ☐ PFM (Complete substrate information*)

☐ ULTIMATE (Master ceramist)

Material/Indicate Tooth Number(s): _____

- ☐ Monolithic pressed lithium disilicate (LD)
- ☐ Layered pressed lithium disilicate (LD)
- ☐ Monolithic translucent zirconia (4Y-ZP)
- ☐ Monolithic opacified zirconia (3Y-TZP)
- ☐ PFZr (3Y-TZP zirconia substrate)
- ☐ PFM (Complete substrate information*)

*PFM METAL SUBSTRATE

- ☐ Nobel (25% Pd)
- ☐ High Nobel (51% Au)
- ☐ Metal occlusal with buccal ceramic:
- ☐ Metal coping with full ceramic coverage:
 - ☐ Metal collar: ☐ 180° ☐ 360°
 - ☐ Ceramic to edge of metal
 - ☐ Ceramic margins ☐ 180° ☐ 360°

BRIDGE PONTIC DESIGN

- ☐ OVATE
- ☐ MODIFIED RIDGE LAB
- ☐ RIDGE LAP
- ☐ ADJUST RIDGE ACCORDINGLY
- ☐ NO RIDGE ADJUSTMENT

FINAL RESTORATION ESTHETICS

GENERAL GUIDELINES:

- ☐ Use diagnostic wax-up as guide
- ☐ Use provisional cast as guide
- ☐ Use provisional photos as guide

ANTERIOR AND POSTERIOR TEETH:

Pre-operative shade: _____
Preparation shade: _____
Requested tooth shade: _____
Requested soft tissue/gingival shade: _____

- ☐ Match shade tab
(No photographs provided)
- ☐ Match per photos (Suggested photos
- Photographs of shade tab next
to tooth and next to preparation)
- ☐ Occlusal Staining
 - ☐ None
 - ☐ Slight
 - ☐ Natural

ANTERIOR TEETH SHADE INFORMATION:

- ☐ All teeth same color and value
- ☐ Cuspid one shade more chromatic than central

Incisal translucency:

- ☐ None
- ☐ Slight -0.5 mm
- ☐ Youthful -1.0 mm

Layering (Classic and Ultimate

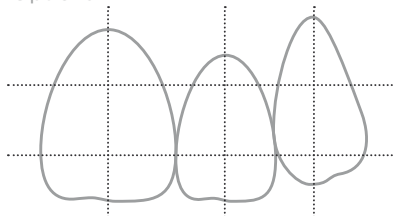
Only): tooth number(s) _____

- ☐ Facial/buccal only
(maximum strength)
- ☐ 50% incisal edge
- ☐ 100% incisal edge

(maximum esthetics):

DRAW REQUESTED SHADE MAPPING

Optional



HORIZONTAL REFERENCE

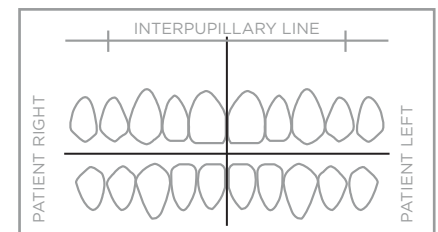
- ☐ Y ☐ N Use interpupillary line that parallels horizon - if NO, other reference:
- ☐ Y ☐ N Use facebow or other maxillary transfer device to determine horizontal plane
- ☐ Y ☐ N Maxillary incisal plane parallels horizon - If NO
 - ☐ Patient's right side is high
 - ☐ Patient's right side is low
- ☐ Y ☐ N Mandibular incisal plane parallels horizon - If NO
 - ☐ Patient's right side is high
 - ☐ Patient's right side is low
- ☐ Y ☐ N Maxillary midline is perpendicular to incisal plane. If NO (canted):

Communicate the deviation w/ horizontal with:

- ☐ Diagram below ☐ Photograph
- ☐ Facebow mounting

Draw with dashed line current midline & incisal plane relative to horizon and vertical lines

- ☐ Correct midline cant and incisal plane to match horizontal and vertical lines



- ☐ No reference provided: Use best technical judgment



