



CHAMPIONS CROWN AND BRIDGE LABORATORY, INC.

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Email: images@championscrownandbridge.com



DOCTOR'S NAME _____

PATIENT'S NAME _____

MALE FEMALE AGE _____

DATE _____

DELIVERY DATE _____

PLEASE CHECK OR FILL OUT APPROPRIATE ITEMS

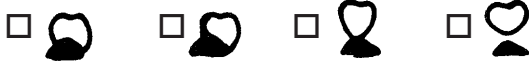
RESTORATIONS

- Porcelain to metal
- Full Cast
- Veneer
- e.max
- Authentic
- In-Ceram
- Empress
- Pulse

SUBSTRUCTURE

- Captek
- Zirconia
- White High Noble
- Yellow High Noble

PONTIC DESIGN



Partial Ridge Buccal Crest Point Contact No Contact

RIDGE RELIEF

None Slight
Med. Heavy

FACIAL MARGIN: Show No Metal Metal Margin All Porcelain Margin

LINGUAL REMOVAL BUTTON

METAL DESIGN



SHADE

_____ Ging. _____ Body _____ Inc.
_____ Stump Shade

Photos Enclosed
Photos E-mailed

Teeth numbers

Check box for each restoration and box in between numbers for splinted units.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**TO BE COMPLETED BY LAB
CASE HISTORY**

Alloy: _____
Porcelain _____
Pre-soldered
Post Soldered
Cast joint
One piece casting
Where: _____

Date Out: _____
Returned to Doctor for:
 Bisque Try-In _____
 Metal Try-In _____
 Bite Check _____
 Die Trim _____
 Articulation _____
Date Back: _____

Notes: _____

PREFERENCES

If Insufficient Room

- Trim opposing
- Metal occlusal
- Reduction coping

Occlusion

- Open
- Tight
- Light

Contacts

- Broad
- Heavy
- Light

Glaze

- Copy Existing
- High Gloss
- Matte

Occlusal Stain

- None
- Light
- Dark

Working Model _____ Articulator _____ Shade _____
Opposing Model _____ Art.# _____ Bite _____
Study Cast _____ Impression _____ Facebow _____

Please send:
Rx Form
Boxes
Labels
Safety Bags

Dr.'s Sig. _____

License No. _____