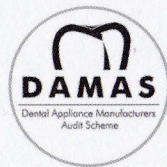


Stephen Green

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CROWN & BRIDGE PRESCRIPTION



PRESCRIBING DENTIST: _____

PRACTICE NAME: _____

PATIENT NAME / NUMBER: _____

APPOINTMENT DATE & TIME: _____

AGE: _____ GENDER: _____

NOTATION:

- CROWN POST + CORE
- BRIDGE ¾ CROWN
- INLAY VENEER
- ONLAY

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CAD-CAM RESTORATION

TRADITIONAL RESTORATION

ALL-CERAMIC

- | | | |
|----------------------------|--------------------------|--------------------------|
| | MONO | LAY'D |
| IVOCLAR E.MAX | <input type="checkbox"/> | <input type="checkbox"/> |
| IVOCLAR E.MAX CAD-ON | <input type="checkbox"/> | <input type="checkbox"/> |
| IVOCLAR E.MAX THIN VENEERS | <input type="checkbox"/> | |
| VITA TRILUXE | <input type="checkbox"/> | |
| VITA SUPRINITY | <input type="checkbox"/> | |
| VITA MKII | <input type="checkbox"/> | |
| EMPRESS MULTI | <input type="checkbox"/> | |
| EMPRESS CAD | <input type="checkbox"/> | |
| ZIRCONIA LAYERED | <input type="checkbox"/> | <input type="checkbox"/> |
| ZIRCONIA ST | <input type="checkbox"/> | |
| ZIRCONIA ST BASIC | <input type="checkbox"/> | |

FULL CONTOUR METAL

- G.S.C. 60%
- G.S.C. 40%
- G.S.C. 10%
- NON-PRECIOUS METAL CROWN

BONDED METAL

- | | | |
|-----------------|--------------------------|--------------------------|
| CERAMICS | IND | PREM |
| CROWN | <input type="checkbox"/> | <input type="checkbox"/> |
| BRIDGE | <input type="checkbox"/> | <input type="checkbox"/> |
| MARYLAND | <input type="checkbox"/> | <input type="checkbox"/> |
| POST & CORE | <input type="checkbox"/> | <input type="checkbox"/> |
| G.S.C | <input type="checkbox"/> | <input type="checkbox"/> |

COMPOSITES **MONO**

- STD COMPOSITE
- IND COMPOSITE
- LAVA ULTIMATE
- NANO CERAMIC

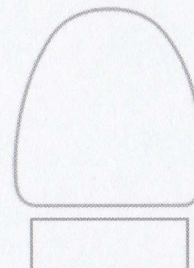
OTHER ITEMS

- STUDY MODELS
- DIAGNOSTIC WAX-UP
- ARTICULATION
- SPLINT (PLEASE SPECIFY)

OFFICE USE ONLY

LAB CODE		RECEIVED:			DELIVERED	
MODEL REVIEW	FIRST STAGE	SECOND STAGE	THIRD STAGE	FOURTH STAGE	FINAL INSPECTION	DESPATCH
RUBBER IMP ↑ ↓	ALGINATES ↑ ↓	STUDY MODELS ↑ ↓	BITE REG.	OTHER		

SHADE



SHADES CAN BE SENT DIGITALLY VIA EMAIL OR DDX

SHADE APPOINTMENT?

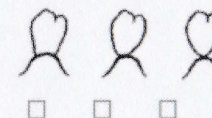
Patient Tel: _____

FINISH (CIRCLE)

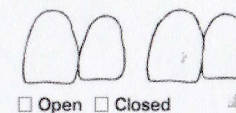
GLAZE HIGH | MED | LOW

OCCUSAL STAINING HEAVY | MED | LIGHT

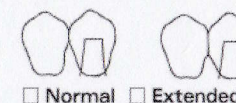
PONTIC DESIGN



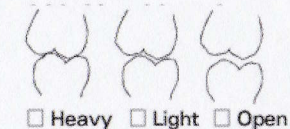
EMBRASURE



PROXIMAL CONTACT



OCCUSAL CONTACT



NOTES