PINDAN
Dental Laboratory

RX FORM

CALL 773 786 9494   Email: info@pindandentallab.com   **Send scans to milling@pindandentallab.com**

Clinic:	Dentist	Email
Address		Phone

Date Sent / /	Patients Name	Age	☐ Male ☐ Female	Desired Date Due / /	Appointment Time : AM/PM

FIXED
- ☐ PFM
- ☐ Full cast crown
- ☐ Post and core
- ☐ IPS e.max®
- ☐ Porcelain fused zirconia
- ☐ Full milled zirconia
- ☐ Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Maryland bridge
- ☐ Temporary crown

ALLOY TYPE
- ☐ High precious
- ☐ Semi precious
- ☐ Non precious

IMPLANTS
- ☐ Screw retained
- ☐ Cement retained
- ☐ Implant bridge
- ☐ Implant retained denture
- ☐ Radiographic stent
- ☐ Surgical guide
- ☐ Suspension bridge
- ☐ Model verification

PROXIMAL CONTACT
- ☐ Wide
- ☐ Medium
- ☐ Point

MARGIN DESIGN
- ☐ Full metal margin
- ☐ Porcelain buccal margin
- ☐ 360˚ porcelain margin

SHADE
Clinical Photo's
- ☐ USB   ☐ Dropbox   ☐ Email

STUMP SHADE
- ☐ Vital   ☐ Non vital
- ☐ Composite   ☐ Metal

OCCLUSAL CONTACT
☐ Heavy   ☐ Light   ☐ Open

EMBRASURE
☐   ☐

PONTIC DESIGN
☐   ☐   ☐   ☐

SMILEPACK
- ☐ 6 pack
- ☐ 8 pack
- ☐ 10 pack

DIAGNOSTICS
- ☐U ☐L Wax up
- ☐U ☐L Composite stent
- ☐U ☐L Putty try-in key
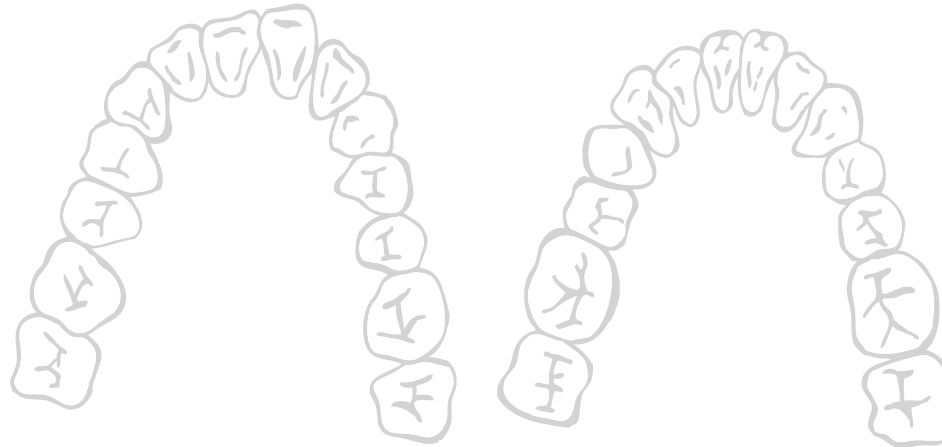- ☐U ☐L Reduction guide
- ☐U ☐L Other

TOOTH NUMBER(S) _____

ORTHO
- ☐U ☐L Essix retainer
- ☐U ☐L Hawley retainer
- ☐U ☐L Begg retainer
- ☐U ☐L Direct bonding retainer
- ☐U ☐L Space maintainer

REMOVABLE / GUARDS
- ☐U ☐L Custom tray
- ☐U ☐L Perforated custom tray
- ☐U ☐L Bite block
- ☐U ☐L Denture set up
- ☐U ☐L Denture finish
- ☐U ☐L Flexible denture finish
- ☐U ☐L Metal framework
- ☐U ☐L Mouthguard
  - ☐ Standard   ☐ Pro
- ☐U ☐L Talon® splint
- ☐U ☐L Generic occlusal splint
- ☐U ☐L Michigan splint
- ☐U ☐L NTI splint
- ☐U ☐L Gelb splint
- ☐ Mount to bite provided
- ☐ Open bite _____ mm
  (from first molar)

MINIMISE CASE DELAY
INSUFFICIENT CLEARANCE
- ☐ Adjust opposing
- ☐ Reduction coping
- ☐ Email

MARGINS NOT CLEAR
- ☐ Estimate margin
- ☐ Email

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