

Today's Date _____

DOCTOR INFORMATION

Name _____

Address _____

Phone _____ Email _____

PATIENT INFORMATION

Name _____

Sex _____ Age _____

INVENTORY SENT WITH CASE

- Impression: Upper & Lower
- Articulator
- Photos:
- Bite
- Shade Tab
- Attached
- Other: _____
- Facebow
- Emailed to digital@quantumdentaltechnologies.com

INSTRUCTIONS Call me before proceeding with case

PLEASE SEND

- Rx forms
- Boxes
- Shipping Bags
- Shipping Labels

FOR LAB USE ONLY

Dentist's Signature (Required)

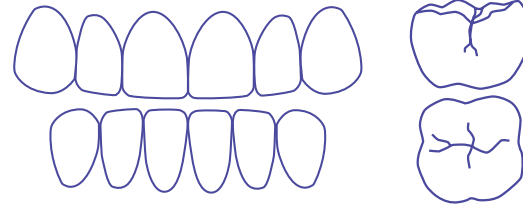
Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. By law, dentist's signature will authorize Quantum Technologies to construct, alter, or repair the restoration described on this requisition.

*If no due date is assigned, a standard Quantum due date will be applied.

Crown & Bridge Rx

Due Date* _____

DESIGN & FORM



ALL-CERAMIC

- e.max*
- PFZ (Porcelain Fused to Zirconia)
- Full Contour Zirconia
- e.max* Veneers

SHADE _____ STUMP _____

TEETH NUMBERS

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

PORCELAIN-FUSED-TO-METAL

- High Noble Yellow (High Gold)
- Semi-Precious (Zero Gold)
- Chrome Cobalt (Non-precious)
- Metal Try-In

PONTIC DESIGN

- Full Ridge Lap
- Modified Ridge Lap
- Ovate/Conical _____ mm

DIAGNOSTIC WAX-UP PREP

- Matrix for Temps
- Prep Guide
- Before Prep Bite Matrix
- Custom Temporaries

METAL DESIGN

- Porcelain Butt Margin
- 360 Metal Band
- Lingual Band Only
- Metal Lingual
- Metal Occlusal

LENGTH OF CENTRALS

_____ mm
(from Cervical Margin)

WILL OPPOSING TEETH BE RESTORED IN THE NEAR FUTURE?

- Yes
- No

Articulator specify: _____
 Design crown for future partial

CONTACTS

- Passive
- Light
- Tight

IMPLANTS

- Implant Brand _____
- Tooth# _____
- Platform Size _____
- Cementable
- Screw-Retained
- Custom Abutment
- Stock Abutment
 - Titanium
 - Zirconia
 - Brand Specific
 - Generic

FULL METAL

- Gold
- Fools Gold
- NP

OCCUSAL STAIN

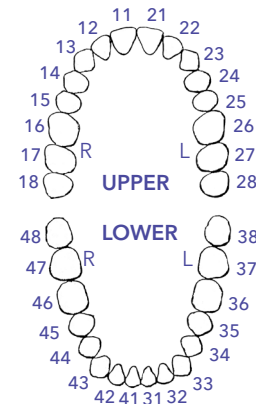
- None
- Light
- Medium
- Dark

INCISAL TRANSLUCENCY**

- Minimum 0.5mm
- Moderate 1.0mm
- Maximum 1.5mm

Removable Rx

Due Date* _____



REMOVABLES

- Full Denture
- Immediate Denture
- VisiClear Partial
- Acrylic Partial
- Chrome Partial Framework
- Custom Tray
- Bite Rim
- Set Teeth In Wax
- Finish
- Reline
- Name in appliance

TEETH SELECTION

Anterior

- Portrait*
- Ivoclar
- Vita
- Other _____

Posterior

- Portrait
- Ivoclar
- Vita
- Rational
- Functional
- Twenty degrees (20°)
- Thirty degrees (30°)
- Other _____

NIGHTGUARDS

- Upper
- Lower
- Soft (Pressure Formed)
- Hard/Soft (Pressure Formed)
- Hard (Heat Cured)