

• FIXED RESTORATIVE Rx •

Laboratory Use Only



**ANDERSON DENTAL
LABORATORY, INC.**

2819 Gulf Fwy • La Marque, TX 77568
409-935-1488 Toll Free 1-800-529-9752

Dr.'s Name _____ Date Sent _____ Return Date _____
Address _____ City _____ ST _____ Zip _____
Phone (____) _____ Patient Name _____
 Male Female Age: _____

SHADE INSTRUCTIONS



STUMP SHADE _____

PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- Full coverage
- Lingual metal collar
- Excluding buccal cusp
- Including buccal cusp

OCCUSAL STAINING

- None
- Light
- Medium
- Dark

INSTRUCTION FOR BUCCAL MARGIN

- Metal hairline or _____mm on buccal
- Metal-porcelain junction margin
- Porcelain butt margin (90° shoulder required)

ENCLOSED WITH CASE

____ Impression ____ Models ____ Bite
____ Articulator ____ Crown/Bridge
Other _____

SPECIFIC INSTRUCTIONS

Rx
**TOOTH
NUMBER**

ZIRCONIA

- 3M Lava Plus
- 3M Essential
- 3M Lava
- Prestige

ALL-CERAMICS

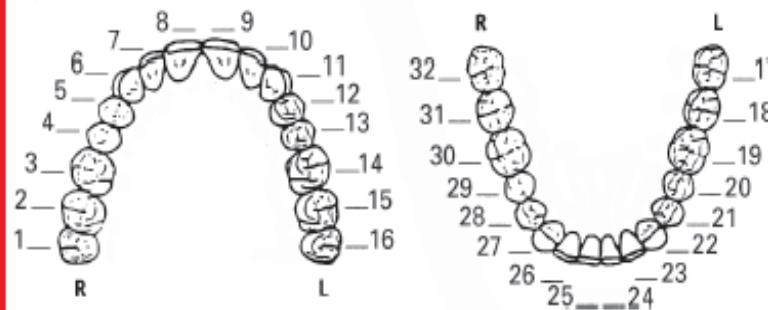
- IPS Empress
- IPS Empress Esthetic
- IPS e.max
- IPS E-max Esthetic

FULL METAL

- 58%
- 40%
- 2% Flat Rate
- Non-Precious

Signature _____ License No: _____
I verify that a signed prescription from a licensed dentist is on file for the restoration.

INDICATE CORE SHADE BESIDE TOOTH # BELOW



PORCELAIN TO METAL

- Non-precious
- Noble (Flat Rate)
- White High Noble
- O.K. to relieve opposing?
 Yes No
- Will opposing teeth be restored?
 Yes No
- Metal try-in?