



HELM DENTAL
LABORATORY



DIGITAL ESTHETIC
SOLUTIONS

Fixed Restorations RX

www.helmdentallaboratory.com | info@helmdentallaboratory.com

Main Laboratory: 2801 Capital St. Wylie, TX 75098 | 972-442-9772

Date: _____

Doctor Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

Patient Name: _____

Sex: ☐ Male ☐ Female Age: _____

Return by 5:00 PM on: _____

FIXED RESTORATIONS

TOOTH

- ☐ Crown _____ ☐ Veneer _____
☐ Bridge _____ ☐ Implant _____
☐ Pontic _____ ☐ Inlay / Onlay _____

DESIGN DETAILS

(*Additional Charge)

- ☐ 360 Metal margin _____ mm ☐ 3/4 Metal Occlusal
☐ Porcelain Butt Margin* ☐ Metal Lingual
☐ Metal Lingual Collar ☐ Metal Occlusal*
☐ Other _____ ☐ Diagnostic Wax Up*

ALL-CERAMIC

- ☐ Layered Zirconia
☐ Full Zirconia
☐ Lithium Disilicate

IMPLANT ABUTMENTS

Please use separate RX
Form for appropriate
implant system.

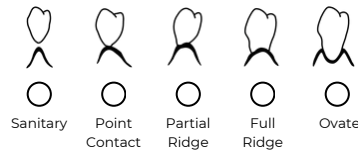
FULL CAST

- ☐ Non-Precious
☐ Semi-Precious
☐ High Noble White Gold
☐ High Noble Yellow Gold
☐ Cast Post & Core

PFM CROWNS

- ☐ Non-Precious
☐ Semi-Precious
☐ High Noble White Gold
☐ High Noble Yellow Gold

PONTIC DESIGN



RIDGE RELIEF

- ☐ None
☐ Slight
☐ Medium
☐ Heavy

SHADES AND CHARACTERIZATION

OCCUSAL STAIN

- ☐ None
☐ Light
☐ Medium
☐ Dark

SURFACE TEXTURE

- ☐ Smooth (glossy)
☐ Medium
☐ Coarse (highly defractive)

POSTERIOR ANATOMY

- ☐ Full
☐ Primary



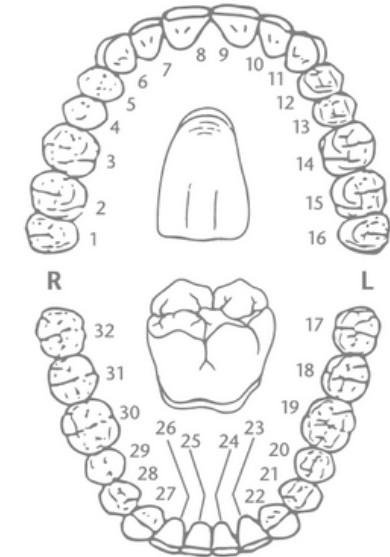
INCISAL TRANSLUCENCY

- ☐ Slight
☐ Medium
☐ Heavy

Stump Shade for Lithium Disilicate:

ND _____ ST _____

Length of Centrals from Prep Margin _____ mm



ADDITIONAL INSTRUCTIONS: (Please print legibly)



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Doctor's Signature _____

License No. _____ Prep Date _____

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.

Will opposing teeth be restored?

☐ Yes ☐ No

Do you want a framework try-in?

☐ Yes ☐ No

Will doctor die trim?

☐ Yes ☐ If needed

If prep reduction is insufficient:

- ☐ Reduce and mark opposing
☐ Make reduction coping of prep

Occlusal Contacts

- ☐ Slight
☐ Medium
☐ Heavy