

# 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 \_\_\_\_\_  
 Bridge \_\_\_\_\_  
 Pontic \_\_\_\_\_

Veneer \_\_\_\_\_  
 Implant \_\_\_\_\_  
 Inlay / Onlay \_\_\_\_\_

### DESIGN DETAILS

360 Metal margin \_\_\_\_\_ mm  
 Porcelain Butt Margin\*  
 Metal Lingual Collar  
 Other \_\_\_\_\_

(\*Additional Charge)

### ALL-CERAMIC

Layered Zirconia  
 Full Zirconia  
 Lithium Disilicate

### IMPLANT ABUTMENTS

Please use separate RX  
Form for appropriate  
implant system.

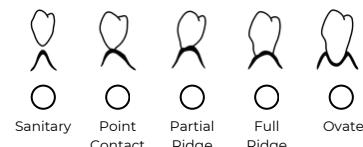
### FULL CAST

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

#### OCCLUSAL STAIN

None  
 Light  
 Medium  
 Dark

#### SURFACE TEXTURE

Smooth (glossy)  
 Medium  
 Coarse (highly refractive)

### POSTERIOR ANATOMY

Full  
 Primary



### INCISAL TRANSLUCENCY

Slight  
 Medium  
 Heavy



### Stump Shade for Lithium Disilicate:

ND \_\_\_\_\_ ST \_\_\_\_\_

Length of Centrals from Prep Margin \_\_\_\_\_ mm

Will opposing teeth be restored?

Yes  No

Do you want a framework try-in?

Yes  No

Will doctor die trim?

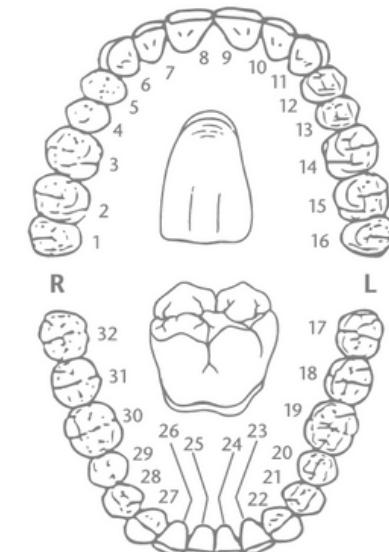
Yes  If needed

If prep reduction is insufficient:

#### OCCLUSAL CONTACTS

Reduce and mark opposing  
 Make reduction coping of prep

Slight  
 Medium  
 Heavy



**ADDITIONAL INSTRUCTIONS:** (Please print legibly)



**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.