



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 #** \_\_\_\_\_ **SHADE** \_\_\_\_\_

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** **IMPLANT ABUTMENTS**

Layered Zirconia *Please use separate RX*

Full Zirconia *Form for appropriate*

Lithium Disilicate *implant system.*

**FULL CAST** **PFM CROWNS**

Non-Precious  Non-Precious

Semi-Precious  Semi-Precious

High Noble White Gold  High Noble White Gold

High Noble Yellow Gold  High Noble Yellow Gold

Cast Post & Core

## PONTIC DESIGN

Sanitary  Point Contact  Partial Ridge  Full Ridge  Ovate

**RIDGE RELIEF**

None  Slight  Medium  Heavy

## SHADES AND CHARACTERIZATION

**OCCUSAL STAIN** **SURFACE TEXTURE**

None  Smooth (glossy)

Light  Medium

Medium  Coarse (highly defractive)

Dark

## POSTERIOR ANATOMY

Full  Primary



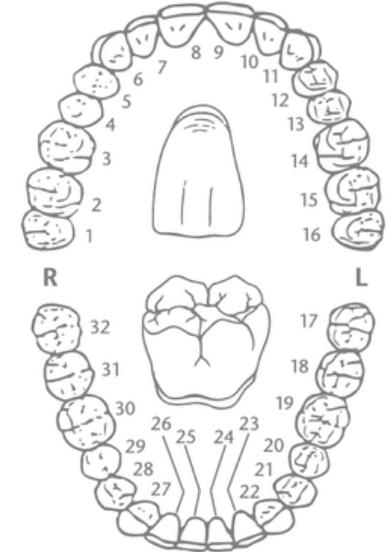
## INCISAL TRANSLUCENCY

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:** **Occlusal Contacts**

Reduce and mark opposing  Slight

Make reduction coping of prep  Medium  Heavy