

Doctor Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Due Date/Delivery on \_\_\_\_\_ Delivered by 5 p.m.



214.727.4768

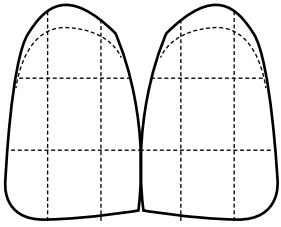
www.genesisdl.com

TX Reg. #3241

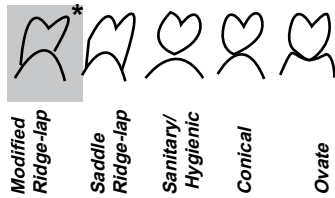
# Crown & Bridge

Characterizations

Yes, Ten Year Limited\* Guarantee, \$19 per crown.  
\*To material and workmanship



Pontic Design



Tooth Shade \_\_\_\_\_

Please CIRCLE single units and BRACKET splinted units

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

## Zirconia / All Ceramic

- Zirconia Solid (not recommended for anterior)
- Zirconia Layered
- High Translucent (max 3 unit bridge)
- Solid Lingual with Porcelain facial
- IPS e.max® Press (max 3 unit bridge)

## Restoration

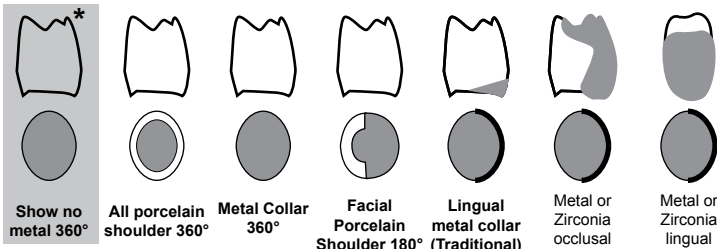
- Crown
- Bridge
- Veneer
- Inlay / Onlay
- implant

## Full Cast

- Full cast Yellow HN gold
- Full cast Yellow Noble (2% AU)
- Full cast White HN
- Full cast Semi-precious (White)
- Full cast Non precious

## Metal PFM

- White HN\*
- Semi-precious
- Non-precious



**\*Standard design if an option is not selected**

# Implants

Implant

Type \_\_\_\_\_

Size \_\_\_\_\_

To be included

- Lab Analog
- Impression Coping
- Abutment
- Others

## Abutment Type

- Custom Titanium Abutment
- Custom Hybrid Abutment

## \*Emergence Profile



- Follow tissue (no expansion)
- Contour design (expand tissue by 0.5mm)
- Anatomical (fully expand tissue)

## Screw Retained

- Zirc Layered
- Zirc Solid
- High Translucent Zirc
- Non-precious
- Semi-precious
- White HN
- IPS e.max

## RX SPECIFIC INSTRUCTIONS

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Dentist signature (REQUIRED) \_\_\_\_\_

Dentist license no. (REQUIRED) \_\_\_\_\_

Rx Date \_\_\_\_\_

