



Due Date: _____ RX Date: _____
 Delivery by 5:00 pm. if no due dates assigned, a standard Riverside date will apply.

Dr: _____ Phone: _____

Patient: _____ M F Age _____

Signature of Dentist (Required) _____ Dentist License # _____
 Person signing this authorization accepts sole responsibility for payment fees and agrees to pay all legal collection costs in the event of suit including reasonable fees. By law, dentist's signature will authorize Riverside Dental Studio to construct, alter, or repair the restoration described on this requisition.

INSTRUCTIONS: CALL ME (BEFORE PROCEEDING WITH CASE)

White - Lab Copy / Yellow - Dr. Copy Made in USA

PHOTO COMMUNICATION

Full Face Profile Repose/Rest
 Photos Attached CD/Memory Stick Emailed

PLEASE SEND

Rx's
 UPS Airbills

MATERIALS

- ALL-CERAMIC**
- E-Max Layered
 - E-Max Monolithic
 - PFZ Porcelain Fused To Zirconia
 - Solid Z Full Contour Zirconia
 - Empress
- PORCELAIN FUSED TO METAL**
- High Noble White Gold
 - High Noble Yellow Gold
 - Semi-Precious
 - Base Metal*

FULL METAL RESTORATION

- 62% Gold
- 45% Gold
- 2% Gold

IMPLANTS

- INVISIBLE IMPLANT SYSTEM ABUTMENT & RESTORATION**

Restoration: E-Max Zirconia

CUSTOM ABUTMENT

- Titanium Invisible
- Screw Retained Zirconia Hybrid

TISSUE RELIEF

- None Light Heavy

STOCK ABUTMENT

Tooth#: _____
 Platform Size: _____
 Depth of Margin _____
 Below Tissue: _____
 Implant Brand: _____

LAB TO ORDER PARTS

DOCTOR TO SUPPLY/ORDER PARTS

Implant Company: _____
 Implant Platform: _____

IMPLANT PARTS PROVIDED

Impression Post #: _____
 Abutment #: _____
 Lab Analog #: _____

ADDITIONAL SERVICES

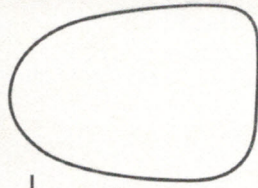
- DIAGNOSTIC WAX UP**
 (Includes Prep Guide & Temp Matrix)
- Crown Veneer 3/4 Veneer
- CLEAR RETAINER**
- NIGHT GUARDS**
- Hard/Soft (Pressure Formed)
 - Soft (Pressure Formed)

DESIGN AND FORM

Desired Shade: _____

Stump Shade: _____

Tooth #(s): _____
 Splinted



ANTERIOR CHARACTERIZATION

Incisal Translucency Light Medium Heavy
 Lobing Light Medium Heavy
 Texture Smooth Medium Heavy

POSTERIOR OCCLUSAL CHARACTERIZATION

Stain Color Yellow Ochre Brown Black
 Stain Placement No Stain Pit Stain Pit & Fiss.
 Pit, Fissure & Groove Stain

COPING DESIGN

- No Metal Collar*
- Lingual Collar Only
- Metal Collar 360
- Porcelain Butt Margin
- Full Metal Occlusal

CENTRALS LENGTH

_____ mm

VERTICAL INDEX

(CEJ TO CEJ)
 Anterior Light Medium* Wide/Broad
 Posterior -R _____
 Posterior -L _____

MIDLINE SHIFT
 R: _____ L: _____

OVERBITE: _____
OVERJET: _____

FORM OF CROWN DESIRED

- Follow Study Model
- Match Existing
- Make Ideal
- Follow Wax Up

Design Crown For Future Parial?

YES NO

Will Opposing Teeth Be Restored In The Future?

YES NO

ENCLOSED WITH CASE:

- Impressions Models Bite Other
- Horizontal Stick Bite MUST BE Included With 2 Anteriors Or More
- Diagnostic Wax Up Implant Parts
- Pre-Op Model Shade Tab or Tooth
- Temp Model

*Standard Unless Specified Otherwise