

Dr. _____ Phone _____

Address _____

City _____ State _____ Zip _____

Patient's Name _____ Male Female

Return Date _____ Try-In _____ Finish _____



7451 W. Oakland Park Blvd.
Lauderhill, FL 33319
Broward: (954) 748-3800
Dade: (305) 940-3635
Toll Free: 1-800-435-3800
Fax: (954) 748-3803
www.cadl.com

LICENSE # 931

CROWN & BRIDGE

Please circle restoration tooth's number

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

METAL-FREE RESTORATIONS

- IPS Empress®
- IPS e.max®
- Full Contour Zirconia
- Procera® Crown
- Lava™ Zirconia

PROCESS

- Frame Try-In
- Bisque Bake
- Glaze

SHADE OCCLUSAL STAINING

- _____ None Light
- Medium Heavy

CONTACT

- Light or Tight Occlusal Contact
- Light or Tight Mesial Contact
- Light or Tight Distal Contact

MARGIN DESIGN (Buccal Collars):

- Metal Hairline Porcelain Butt
- No Metal to Show _____ mm Collar

PONTIC DESIGNS

- Sanitary Full Ridge Modified Bullet

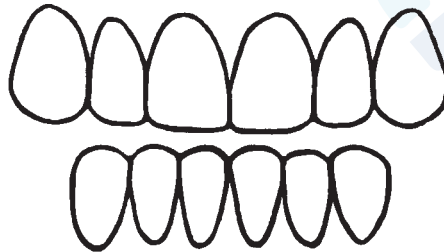
METAL RESTORATIONS

- Porcelain Fused to Metal
- Full Cast Crown
- Custom Abutment Post
- Captek™
- Post & Core
- Inlay/Onlay

ALLOY

- Ceramic Alloy**
 - Yellow Ceramic Gold (High Noble)
 - White Ceramic Gold (High Noble)
 - Semi Precious (Noble)
 - Talladium (Base)
- Non-Ceramic Alloy**
 - Type I & II Gold (High Noble) for Inlay/Onlay
 - Type III & IV (High Noble) for Onlay/FCC/Post

CHARACTERIZATION



DENTURES/PARTIALS/PROVISIONALS

PROVISIONALS

- Abutment Tooth #'s _____
- Pontic Tooth #'s _____
- Total Units _____
- Splinted Single Units

REINFORCEMENT

- Wire
- Cast Metal Frame
- None

ANTERIORS

- Mold _____
- Shade _____

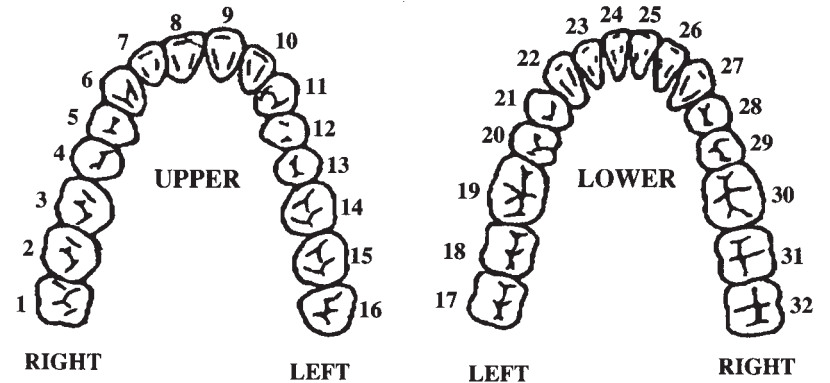
POSTERIORIORS

- Mold _____
- Shade _____

DEGREE OF CUSP

- 0° 20°
- 10° 33°

- Classic® Portrait® Vitapan® BlueLine® Other: _____



Dr's Signature _____

LAB COPY

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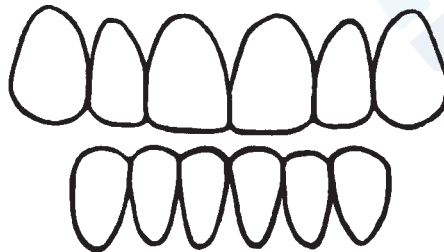
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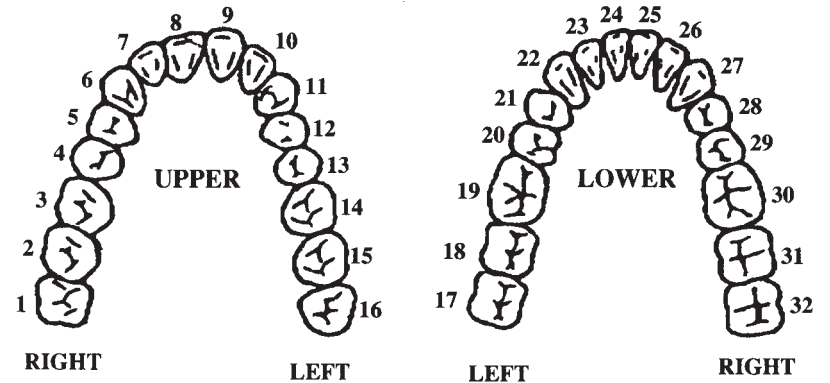
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Dr's Signature _____

DOCTOR'S COPY

LIC # _____ Date _____