

## FIXED RX FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If you have an open system intraoral scanner, you can easily upload your scans using our drag-and-drop file uploader by visiting [www.pddsmile.com/upload](http://www.pddsmile.com/upload).

PATIENT'S NAME \_\_\_\_\_

RECEIVED  
BY LAB \_\_\_\_\_

MY APPOINTMENT IS FOR \_\_\_\_\_

MONTH \_\_\_\_\_

DAY \_\_\_\_\_

TIME \_\_\_\_\_

### SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

 ALL RESTORATIONS MADE IN THE USA

#### SHADE INSTRUCTIONS



FINAL CERAMIC SHADE \_\_\_\_\_

SHADE GUIDE USED \_\_\_\_\_

OCCLUSAL STAINING:  None  Light  Medium  Dark

#### PORCELAIN-FUSED-TO-METAL

White High Noble  Noble

#### ALL-CERAMIC

E.max® Press  Zirconia Lingual - Micro cut back with layered Porcelain

E.max® Veneer

Full-Contour Zirconia

Porcelain fused to Zirconia

#### IMPLANT ABUTMENTS

##### Specify system:

Indicate Implant System \_\_\_\_\_

Implant Ref# \_\_\_\_\_

Straumann

Nobel BioCare

ZimVie

Other

##### Specify abutment type:

Titanium Abutment (custom)

Zirconia w/ Ti-Insert

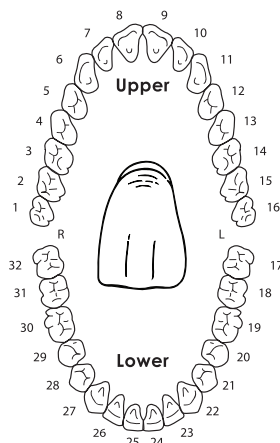
All-Zirconia Abutment

Screw Retained

Cement Retained

Gold Abutment

Prep Stock Abutment



#### FULL CAST RESTORATIONS

High Noble—Yellow (60% Au)

Noble—Yellow (45% Au)

Noble—White (25% Au)

Noble—Yellow (20% Au)

#### IF NO OCCLUSAL CLEARANCE

Call Doctor

Spot Opposing/Relieve

Metal Occlusion

NAME OF SURGEON \_\_\_\_\_

SURGEON PHONE \_\_\_\_\_

SIGNATURE OF DENTIST \_\_\_\_\_

LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

WRITE ADDITIONAL INSTRUCTIONS ON REVERSE SIDE

LAB COPY

SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliance, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain:

(1) name and address of person, firm or corporation to which work order is directed. (2) patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist. (3) date on which work order was written. (4) description of work to be done, including diagrams if necessary. (5) specification of type and quality of materials to be used. (6) signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of

Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois Dental Practice Act provides: "If the person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereto on forms prescribed by the Department of Registration and Education which shall contain:

(a) The name and address of the sub-contractor. (b) A number identifying the sub-work order with the original work order, which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order."

"The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duly authorized agents, for a period of 3 years in both cases." Failure of laboratories to comply is a misdemeanor.

## TURNAROUND TIMES

<b>Removable Dept:</b>	<b>Days</b>	<b>Fixed Dept:</b>	<b>Days</b>
Base Plates/Wax Rims.....	2-3	Porc. Fused (Zirconia/Titanium) Bridge .....	12
Process and Finish.....	4	Full-Contour (Zirconia) Crown.....	7
Flipper 1-2 Teeth.....	2	IPS e.max® Crown or Veneer .....	9
Flipper 3 or more .....	3	Veneers .....	12
Partial Framework (Cast).....	8	Full Gold Crown .....	8
Partial Framework (Set-up and Finish) .....	10	PFM.....	8
Rebase .....	2	PFZ Crown (Porc. Fused to Zirconia).....	8
Rebase New Teeth .....	5	Metal Bridge.....	12
Reset and Finish .....	5	Implants (Abutment & Crown).....	4 Weeks
Set-up.....	3	Post and Core.....	5
Set-up and Finish .....	5	Diagnostic Wax-up.....	12
Valplast® (Set-up and Finish).....	8		
Cu-Sil® (Set-up and Finish).....	9		
Repairs/Relines .....	1+		
Laserwelds .....	1+		
Precision Attachments .....	Call for time schedule		
Surgical Stent.....	3		
Bite Appliances/Bleaching Trays .....	4		
Ortho Appliances .....	12		

## ADDITIONAL INSTRUCTIONS:

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