

## FIXED RX FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**ENCLOSED:**  Impressions  Models  Bite  Photos  Other \_\_\_\_\_

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

#### STUMP SHADE

OCCLUSAL STAINING:  None  Light  Medium  Dark

#### PORCELAIN-FUSED-TO-METAL

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> White High Noble        | <input type="checkbox"/> Noble        |
| <input type="checkbox"/> Captek™ YHN             | <input type="checkbox"/> Non-Precious |
| <input type="checkbox"/> Nobel Procera® Titanium |                                       |

#### ALL-CERAMIC

- |  |  |
|--|--|
| <input type="checkbox"/> IPS Empress®                | <input type="checkbox"/> Nobel Procera Zirconia              |
| <input type="checkbox"/> IPS e.max® Press (Anterior) | <input type="checkbox"/> Lava™ Zirconia                      |
| <input type="checkbox"/> IPS e.max® CAD (Posterior)  | <input type="checkbox"/> Full-Contour Zirconia (for bruxers) |
| <input type="checkbox"/> IPS e.max® Veneer           |  |

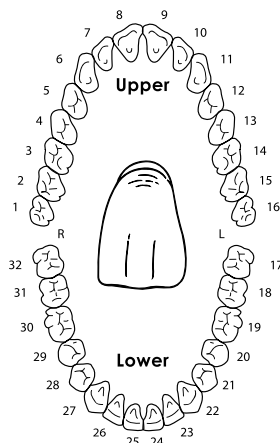
#### IMPLANT ABUTMENTS

Specify system:

- 3i  
 Nobel Biocare™  
 Straumann®  
 Other \_\_\_\_\_

Specify abutment type:

- Titanium Abutment  
 Zirconia w/ Ti-Insert  
 All-Zirconia Abutment  
 Gold Abutment



#### FULL CAST RESTORATIONS

- High Noble—Yellow (60% Au)
- Noble—Yellow (45% Au)
- Noble—White (25% Au)
- Noble—Yellow (20% Au)
- Non-Precious—White
- Post & Core

#### COMPOSITE RESTORATIONS

- 3M™ ESPE Sinfony
- Telio CAD Temporary

#### IF NO OCCLUSAL CLEARANCE

- Call Doctor
- Spot Opposing/Relieve
- Metal Occlusion

\_\_\_\_\_  
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	NobelProcera® (Zr/Alumina/Ti) Crown .....	9
Custom Trays .....	2	NobelProcera® (Zr/Ti) Bridge.....	10
Process and Finish.....	3	NobelProcera® Coping .....	5
Flipper 1-2 Teeth.....	2	Full-Contour Zirconia .....	9
Flipper 3 or more .....	3	PFZ Crown.....	9
Partial Framework (Cast).....	7	Noritake Katana (Zirconia) Crown .....	9
Partial Framework (Set-up and Finish) .....	10	Noritake Katana (Zirconia) Coping .....	5
Rebase .....	2	IPS e.max® /Empress® Crown or Veneer .....	9
Rebase New Teeth .....	5	Veneers .....	9
Reset and Finish .....	4	Full Gold Crown .....	7
Set-up.....	3	PFM.....	8
Set-up and Finish .....	5	Captex™ Crown .....	8
Valplast™ (Set-up and Finish).....	7	Metal Bridge.....	10
Cu-Sil® (Set-up and Finish).....	7	Implants .....	12
Virginia Partial (Set-up and Finish).....	7	Implants with NobelGuide™ .... Call for time schedule	
Repairs/Relines .....	1	Post and Core .....	5
Soft Reline.....	2	Diagnostic Wax-up.....	4
Laserwelds .....	1		
Precision Attachments .....	Call for time schedule		
Surgical Stent.....	3		
Bite Appliances/Bleaching Trays .....	4		
Ortho Appliances .....	4		
Mouthguard/Sleep Appliance .....	5		

## ADDITIONAL INSTRUCTIONS:

---



---



---



---



---



---



---