

DR. _____

LAB USE
PAN NO. _____

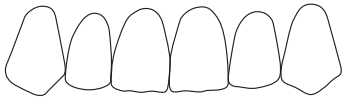
DATE SENT: _____

PATIENT: _____
(Please Print)

SHADE: _____ SEX _____ AGE _____

CASE NEEDED
DATE: _____
TIME: _____

CHARACTERIZATION



PONTIC DESIGN



RIDGE RELIEF

- NONE SLIGHT
 MEDIUM HEAVY

GINGIVAL NECK SHADE COLOR

- YES NO

TYPE OF PREPARATION

- FEATHER EDGE
CHAMFER
SHOULDER
BEVEL SHOULDER
- FACIAL GINGIVAL METAL COLLAR**
 YES NO

OCCLUSAL/LINGUAL

- METAL PORCELAIN

PORCELAIN BUTT SHOULDER

- YES NO

IF OCCLUSAL CLEARANCE IS TIGHT

- REDUCE PREP YES NO
TRIM OPPOSING YES NO
METAL ISLAND YES NO

PROXIMAL CONTACTS

- OPEN PORCELAIN
 CLOSED METAL

METAL

- PRECIOUS
 SEMI-PRECIOUS
 ECONOMY
 NON-PRECIOUS

DR. _____

LAB USE
PAN NO. _____

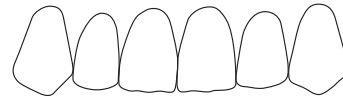
DATE SENT: _____

PATIENT: _____
(Please Print)

SHADE: _____ SEX _____ AGE _____

CASE NEEDED
DATE: _____
TIME: _____

CHARACTERIZATION



PONTIC DESIGN



RIDGE RELIEF

- NONE SLIGHT
 MEDIUM HEAVY

GINGIVAL NECK SHADE COLOR

- YES NO

TYPE OF PREPARATION

- FEATHER EDGE
CHAMFER
SHOULDER
BEVEL SHOULDER
- FACIAL GINGIVAL METAL COLLAR**
 YES NO

OCCLUSAL/LINGUAL

- METAL PORCELAIN

PORCELAIN BUTT SHOULDER

- YES NO

IF OCCLUSAL CLEARANCE IS TIGHT

- REDUCE PREP YES NO
TRIM OPPOSING YES NO
METAL ISLAND YES NO

PROXIMAL CONTACTS

- OPEN PORCELAIN
 CLOSED METAL

METAL

- PRECIOUS
 SEMI-PRECIOUS
 ECONOMY
 NON-PRECIOUS

SIGNATURE _____ ADD. INST. (OVER)

PLEASE SEND MAILING BOX RX FORMS

ΩMEGA

Dental Laboratories

39 East Woods Drive, Lititz PA 17543 • Phone (717) 626-8806 • Fax (717) 626-2053

SIGNATURE _____ ADD. INST. (OVER)

PLEASE SEND MAILING BOX RX FORMS

ΩMEGA

Dental Laboratories

39 East Woods Drive, Lititz PA 17543 • Phone (717) 626-8806 • Fax (717) 626-2053