



3100 W. Liberty • Suite D • Ann Arbor • Michigan • 48103

Your Partner for Aesthetic Restorations

Fixed Prosthetic Prescription

Doctor's Name: _____

Doctor's Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Patient (Last): _____


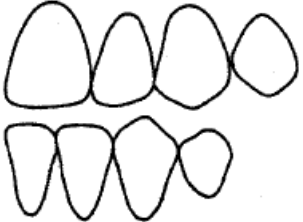

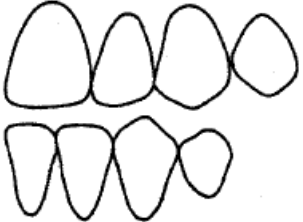

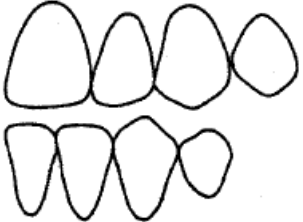
(First): _____

Age: _____

Sex: _____

Deliver By (Date): _____

Time: _____

<input type="checkbox"/> Porcelain Fused to Metal <input type="checkbox"/> Full Cast Restoration <input type="checkbox"/> Yellow High Noble <input type="checkbox"/> White High Noble	<p align="center">Buccal Margin Design</p> <input type="checkbox"/> Porcelain Covering to Edge <input type="checkbox"/> Metal Collar ___ mm on Buccal <input type="checkbox"/> Porcelain Butt Margin (90° Shoulder Required)			
<p align="center">If No Occlusal Clearance</p> <input type="checkbox"/> Relieve Opposing <input type="checkbox"/> Metal Island <input type="checkbox"/> Metal Occlusal <input type="checkbox"/> Prep Reduction Coping	<p align="center">Metal Design</p> <input type="checkbox"/> Porcelain Occlusal with ___ mm Lingual Collar <input type="checkbox"/> Metal Occlusal with Porcelain Buccal Cusp <input type="checkbox"/> Anterior ¾ Metal Lingual			
<p align="center">All Ceramic Restoration</p> <input type="checkbox"/>	<table border="0"> <tr> <td data-bbox="69 1255 454 1491"> <p>Pontic Design</p>  </td> <td data-bbox="454 1255 1218 1491"> <p>Occlusal Stain: _____ Texture: _____ Stump Shade: _____ Shade: _____</p> </td> <td data-bbox="1218 1255 1554 1491">  </td> </tr> </table>	<p>Pontic Design</p> 	<p>Occlusal Stain: _____ Texture: _____ Stump Shade: _____ Shade: _____</p>	
<p>Pontic Design</p> 	<p>Occlusal Stain: _____ Texture: _____ Stump Shade: _____ Shade: _____</p>			

Instructions: _____

Dentist's Signature: _____ License #: _____