

Esthetic Crown & Bridge Rx



**Berry Dental
Laboratory**

3700 Holcomb Bridge Road Norcross GA 30092
770-416-1016 1-888-334-4403 fax: 770-368-1217
www.BerryDental.com

Rx Date

Appt. Date & Time

____/____/____

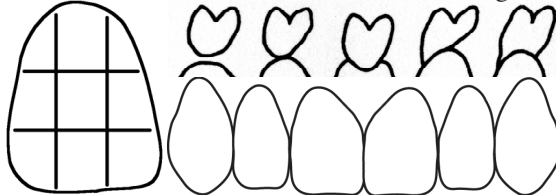
____/____/____

Patient Name (please print clearly)

Sex: M / F

Age

Stump shade	Shade
-------------	-------



Restoration Choices

- High Noble
- Noble
- LAVA™
- Wol-Ceram
- Authentic Pressable
- Cerec In-Lab
- Procera
- Captek
- Sinfony™
- Full Cast
- Porcelain Shoulder

Included with case:

- Bite
- Stick Bite
- Opposing
- Pre/Temp Model
- Partial Denture
- Implant Parts
- Face Bow
- Photos / Card

- Please Send:**
- | | | | |
|--------------------------------------|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Rx's | Dies Trimmed by Doctor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Boxes | Has impression been disinfected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> IC Bags | Photographic consult needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Mail Labels | Treatment plan wax-up _____ | Presentation wax-up _____ | |
| | Please call me before proceeding with case. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DOCTOR: _____ Phone _____ License _____

By signing this authorization you accept sole-responsibility for payment and agree to pay all legal and collection costs in the event of suit, including reasonable fees. You also acknowledge you have read and accept the terms of the Customer Agreement provided by BDLI.

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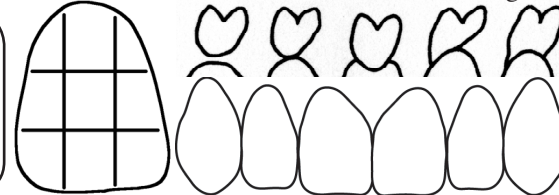
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Suggestions for Success

- Take Stick Bite and/or Face Bow
- Send Pre-op Models and Models of Provisionals
 - Eliminate Undercuts on Preps
 - Reduce enough tooth surface
 - Take a full arch impression
- Examine impressions for clear margins
- Bite registrations: right, left and center
- Take a stump shade for all ceramic restorations
 - Provide a full treatment plan
 - Provide patient's expectations
 - Allow a reasonable time schedule
 - Give complete instructions on Rx
- Enclose digital media card or send photos
- Call if you have any comments or questions

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