Lord's Dental Studio, Inc.

1500 West Main Ave.
De Pere, WI 54115
(920) 347-2929
(800) 821-0859

16680 West Cleveland Ave. Ste. E
New Berlin, WI 53151
(262) 786-7115
(877) 245-6737

Doctor's Name _____ Date _____

Group Name _____

Address _____

City, State, Zip _____

Email Address _____

Patient Last Name |___|___|___|___|___|___|___|___|___|___|___|___|

Patient First Name |___|___|___|___|___|___|___|___|___|___|___|___|

Age _____ Male / Female

❏ Please call - phone # _____

Comments _____

_____

INSTRUCTIONS

❏ Make my standard crown per my preferences on file.

Crown & Bridge Rx

1. RESTORATION/ALLOY/MARGIN SELECTION

A. METAL-FREE *(Shade of underlying prep is mandatory)*

❏ Cerathin™ Low Prep Veneer
❏ Empress™/Emax™ Layered Crown/Veneer
❏ Empress™/Emax™ Shaded Crown/Veneer
❏ Empress™ Inlay/Onlay
❏ Cristobal™ (composite)

❏ Alumina (Procera®) Anterior (crown only)
❏ Zirconia (Procera® or Lava™) Anterior
❏ Zirconia (Procera® or Lava™) Posterior
❏ Zirconia (Lava™) Bridge

B. PORCELAIN-TO-METAL

❏ Captek® with d.SIGN Porcelain *(no exposed metal)*
❏ Lord's *CLASSIC*™ with d.SIGN Porcelain
❏ Lord's *CLASSIC*™

Alloy Selection:

❏ High Noble ❏ Noble* ❏ Non-Precious
❏ Yellow
❏ White

Metal Design:

❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏

Porcelain Margin Design (90º shoulder required)

❏ Porcelain Butt Margin

C. ALL-METAL

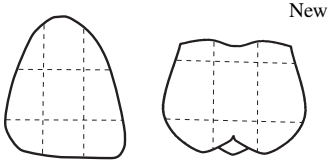
❏ Phoenix™ Full Cast Crown (77% Gold)
*❏ Full Cast Crown
❏ High Noble Yellow *❏ Noble White
❏ Noble Yellow ❏ Non-Precious

2. SHADE

Shade of Underlying Prep: _____ (mandatory on all-ceramic cases)

PLEASE SEND STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

Email digital images to Lord's Green Bay: imagesgb@lordsdental.com
New Berlin: imagesnb@lordsdental.com



Gingival _____
Body _____
Incisal _____

❏ Patient coming to lab for shade.

3. PONTIC DESIGN

Full Ridge | Partial Ridge* | Point Contact (posterior) | No Contact (posterior) | Ovate (posterior)

❏ ❏ ❏ ❏ ❏

Ridge Relief:

❏ None ❏ Slight* (12 microns) ❏ Medium (24 microns) ❏ Extraction _____ MM

❏ Previously completed by doctor

FOR LAB USE

RETURN DATE: _____ Time: _____

Dentist Signature _____ Lic # _____

Use reverse side of top copy for additional instructions.

*Lords' Standard