Creative Arts Dental Lab, Inc.
Rx

www.cadl.net
916.929.4464 • 800.696.4464 • *fax* 916.929.4482
930 Enterprise Dr. • Sacramento, CA 95825

METAL TRY-IN
BISQUE TRY-IN
FINISH

Dr. _____ Date _____

Pt. _____ Age: ____ ❑ M ❑ F

Tooth #'s: _____

DIAGNOSTIC WAX-UP
❑ Basic (reg. model work) ❑ Presentation (white models, trans. wax)
❑ Prep Guide Matrix ❑ Provisional Matrix

METAL FREE
❑ YZ ❑ Mark II / TriLuxe
❑ Empress ❑ E.Max ❑ Other _____

PORCELAIN-TO-METAL
❑ Semi-Precious ❑ White Precious
❑ Yellow Gold Precious

Metal Design: ____ (select from **REVERSE** side)

❑ Full Coverage ❑ Metal Occlusal
❑ Metal Margin ❑ Porcelain Butt Margin

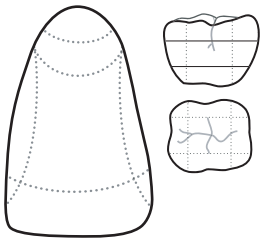
FULL-CAST GOLD
❑ Low Gold ❑ Regular Gold ❑ High Gold (60 Plus)

PONTIC DESIGN

Shade: _____

Prep Shade: _____

❑ Posterior Occl. Stain
color: _____
placement: _____



COSMETIC GOALS
❑ Improve Shade ❑ Move Midline
❑ Improve Shape ❑ Close Diastema
❑ Alignment ❑ Lengthening
❑ Other _____

IMPLANTS
we need ... (Dr. provided / Lab order)
1) Surgeon's Report **3)** Analog ❑ ❑
2) Impression Post (transfer coping) **4)** Abutment ❑ ❑
type: _____

ADDITIONAL INFORMATION
❑

❑ more on **back**

CHARACTERIZATION ←(see Anterior Characterization Guide*)→ INCISAL SHAPE

Trans. Intensity*	❑ light	❑ medium	❑ heavy
Trans. Volume*	❑ min. (.5mm)	❑ modest (1mm)	❑ max (2mm)
Surface Texture*	❑ smooth	❑ medium	❑ heavy
Lobing	❑ light	❑ medium	❑ heavy
Surface Finish	❑ low gloss	❑ polished gloss	❑ high glaze

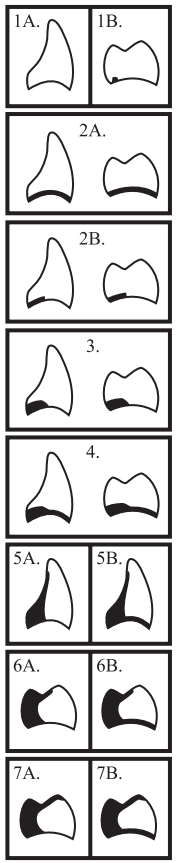
Cuspids ❑ flat ❑ round ❑ pointed

Lateral/Central Combination* (see characterization guide for visual)
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6

This is your authorization pursuant to the provisions of Article II of the Dental Practice Act of the State of California to construct, alter, or repair the dental restoration described here on.

Dr.'s Sig. _____ **Lic. #** _____

METAL DESIGN



1A. Full porc coverage, No metal 360°
1B. Full porc coverage, Distal metal tab
2A. 360° metal collar
2B. Metal collar, lingual only
3. Broad metal lingual collar
4. Broad metal lingual, buccal collar
5A. Metal lingual anterior
5B. Metal lingual anterior, buccal collar
6A. Metal occlusal
6B. Metal occlusal with buccal collar
7A. Metal occlusal, metal hood incisal
7B. Metal occlusal, metal hood incisal and buccal collar

Additional Notes:

LAB USE ONLY

YZ Colorize Shade _____

	QTY	DATE	TECH
WAX PFM			
WAX MO			
WAX FGC			
WAX EMP			
DESIGN/MILL			
	.		Mo
	.		MF

O
PM
Bld
Gr
GI
P

UNBAGGED BY

_____

Incoming Checklist:
❑ Impression
❑ Opposing
❑ Triple Tray
❑ Bite
❑ Bite (with stick)
❑ Pictures
❑ Study models
❑ Extra die
❑ Old Models
❑ Old Crown
❑ Face Bow
❑ Mounting Plates
❑ Articulator _____
❑ Implant Parts type:
❑ Impression Post _____
❑ Analog _____
❑ Abutment _____
❑ Other _____