CASE No.

Date sent: _____ **Due date:** _____

Fairy Dental Lab

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LABORATORY PRESCRIPTION FORM

Dentist: _____ **Office / Clinic:** _____

Patient / ID: _____ **Sex:** _____ **Age:** _____

Enclosed: ☐ Impression ☐ Working model ☐ Study model ☐ Bite ☐ Photo ☐ Shade guide ☐ Post & core ☐ Abutment **Other:** _____

FIXED RESTORATIONS

Restoration type

☐ Crown ☐ Bridge
☐ Veneer ☐ Inlay ☐ Onlay
☐ Maryland bridge ☐ wing
☐ Telescopic crown
☐ Post & core ☐ Post & core with crown
☐ Implant restoration

Porcelain fused to metal (PFM)

☐ Yellow gold 86.9% ☐ Semi-precious
☐ White gold 54.2% ☐ 40.3% ☐ 2%
☐ Captek ☐ Non-precious Co-Cr ☐ Ni-Cr

Full cast

☐ Yellow gold 40% ☐ 56%
☐ White gold 54.2% ☐ 40.3%
☐ Semi-precious ☐ Non-precious Co-Cr ☐ Ni-Cr

Metal free

☐ IPS e.max Press
☐ Layered zirconia ☐ Monolithic zirconia
☐ Composite resin ☐ Temporary restoration

Additional services

☐ Porcelain butt margin
☐ Diagnostic wax-up
☐ Custom abutment: Titanium ☐ Zirconia
☐ Cement-retained ☐ Screw-retained

DESIGN AND SHADE

Tooth numbers - circle applicable teeth

Universal

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

FDI

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Ceramic shade instructions

Shade: _____ **Stump shade:** _____

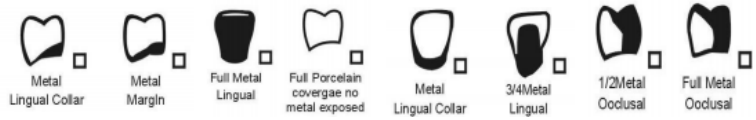
Gingival: _____ Body: _____ Incisal: _____

Occlusal stain: ☐ None ☐ Light ☐ Medium ☐ Heavy

Pontic design



Margin / metal design



Proximal contact: ☐ Normal ☐ Extended

Embrasure: ☐ Closed ☐ Open ☐ Other

Occlusal contact: ☐ Heavy ☐ Light ☐ None

If clearance is insufficient:

☐ Call dentist ☐ Adjust opposing ☐ Metal island

REMOVABLE RESTORATIONS

Arch ☐ Upper ☐ Lower

☐ Framework
☐ Co-Cr ☐ Vitallium ☐ Titanium framework
☐ Full denture ☐ Acrylic partial denture
☐ Valplast ☐ Clasp ☐ Mesh
☐ Bleaching guard ☐ Night guard
☐ Orthodontic appliance ☐ Retainer
☐ Wax rim ☐ Special tray

Processing stage

☐ Set-up ☐ Try-in with teeth
☐ Finish only
☐ Replace teeth and finish

Rest seats for partial dentures

☐ Occlusal ☐ Lingual ☐ Mesial ☐ Distal
☐ Metal

Die spacer layers: ☐ 1 ☐ 2 ☐ 3

Specific instructions

_____

_____

_____

_____

Signature: _____