

Crown & Bridge Rx

*Standard PFM/FGC design if nothing is marked.
*Additional fees will apply if other than standard.

1. Type of Restoration

Crown & Bridge

(fill out boxes #1-12)

- a. Porc. Fused Metal*
- b. Full Metal Crown

Other

- c. Temporary (fill out box #13)
- d. Diag. Wax-up (fill out box #14)
- e. Implant (See Implaning Rx)

2. Type of Metal

Porc. Fused Metal

- a. Precious*-White
- b. Semi-Precious-White
- c. Yellow Ceramic-Med. Yel.
- d. Non-Precious-White

Full Metal (Crown/Onlay/Inlay)

- a. Precious-Yellow*
- b. Precious-High Yellow
- c. Precious-White
- d. Semi-Precious-White
- e. Yel. Ceramic-Med. Yel.
- f. Non-Precious-White

3. Crown Design

- a. Full Porcelain Coverage
- b. Lingual Collar* ____mm
- c. Mesial Collar ____mm
- d. Distal Collar ____mm
- e. Metal Occlusal (3/4 Occ)
- f. Metal Occlusal (Full Occ)
- g. Metal Island
- h. Metal Lingual-Anterior Tooth

4. Buccal/Labial Margin

- a. Metal/Porcelain Junction Margin*
- b. Porcelain Margin (90° Shoulder Required)
- c. 360° Porcelain Margin (90° Shoulder Required)
- d. 360° Metal Margin (____mm on Buccal)

5. Pontic Design



- a. b. c.* d. e.
- No Ridge Relief

6. Gingival Embrasures

- a. Natural*
- b. Open
- c. Closed
- Gum Tissue Model

7. Occlusal Contact

- a. Out (0.5mm sub)
- b. Light* (0.3mm sub)
- c. Contact (Touching Opp)

8. Interproximal Contacts

- a. Light
- b. Medium*
- c. Heavy (Scrape Cast)

9. Occlusal Stain

- a. None*
- b. Light
- c. Heavy

Terms and Conditions: GKY Dental Arts, Inc. requires each case to be accompanied by a signed lab slip which is a binding work order agreement and acceptance of our Terms and Conditions. Terms and Conditions are posted on our website. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.



GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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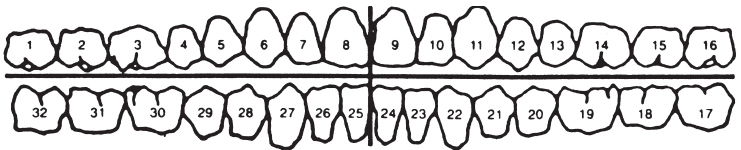
Account # _____
Doctor's Name _____
Group Name _____
Address _____
City, State, Zip _____
Email Address _____

Patient Last Name | _____ |
Patient First Name | _____ |
Shipping Date | ____-__-__ | Male Female

DATE DUE-Deliver case by 5PM on | ____-__-__ |
(Standard working time will be given if no due date is indicated.)

Finish Die Trim Metal Try-In Bisque Try-In

Advanced Cosmetic Team 
(See Fee Schedule)



Singles _____
 Bridge _____ (Pontic # _____)

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

Dentist Signature _____ License # _____

Items Enclosed Imp. Model Bite Opposing
 Shade Pre-op Model Photo Model of Temps

10. Shade

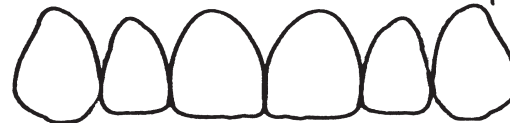
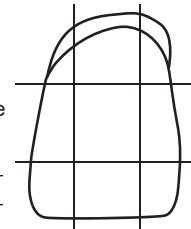
Desired Shade _____

PLEASE SEND STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

Type of Shade Guide

- Vita 3D Guide Chromoscope
- Vita Classic Bioform
- Other _____

Smile Guide # _____
photo@gkydentalarts.com



11. Partial Crown Design - PFM or FCC

- a. Fit to Existing Partial
- b. Fit to Index
- c. Design for I-bar
- d. Design for Ackers
- e. Design for Plastic Clasp (FRS)
- f. Attachment _____

For Lab Use

Model _____
Trim _____
Wax _____
Metal _____
Opaq _____
Porc _____
Pol _____
Q.C. _____
Weight _____

12. If Occlusal Space is Needed

- a. Adjust Opposing Tooth*
- b. Make Metal Island
- c. Make Metal Occlusal
- d. Adjust Prep and Mark Die
- e. Adjust Prep and Make Coping
- Endo Vital

13. Instructions for Temporaries

- a. Reduction Needed Light* Heavy
- b. Splinted* or Single Units
- c. Pontic Tooth Number _____

14. Diagnostic Wax-up

Crown - Tooth # _____ Veneer - Tooth # _____
Open Vertical: Yes No _____mm
Shift Midline: Yes No _____mm (Right or Left)

Model Duplication Master Model: Yes* No
Prep Model: Yes* No
Final Wax up: Yes* No
Shape & Contour a. Match Existing b. Make Ideal c. Smile Guide # _____

Reduction Stent: Incisal Labial
Provisional Matrix: Vacuum Putty/Wash
 Type of Future Restoration _____

Additional Services: Cosmetic/Removable/Implaning

Please Send More Shipping Labels Boxes
 Cosmetic Rx Removable Rx
 Crown & Bridge Rx Implaning Rx