SICKLER DENTAL STUDIO

3911 7th Ave. / P.O. Box 1030 / Kearney, NE 68848 PH 308/234-4393 800/497-4393 FX 308/234-5238

(PLEASE PRINT)

Dr. _____

Address _____

Patient _____ Age ____ M / F

LAB USE ONLY
Inv. #
Total

CROWN & BRIDGE

Due Date _____

(CIRCLE UNITS)

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

Porcelain

Units _____

- ☐ YZ or LAVA (LAYERED)
- ☐ Full Contour Zirconia
- ☐ e.max
- ☐ Veneer (LAYERED /PRESSED))
- ☐ Porc. Occlusal
- ☐ ½ Metal Occlusal
- ☐ Metal Occlusal
- ☐ Porc. Shoulder
- ☐ Buccal Metal Collar

Shade _____

Porcelain Alloys

High Noble

- ☐ Gold Yellow 80%
- ☐ Gold White 68%
- ☐ Gold White 40%
- ☐ 24 ct. Bio-Gold

Noble

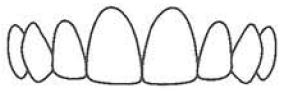
- ☐ Noble Pd. 77%
- ☐ Noble Pd. 25%
- ☐ Nonprecious

Full Cast

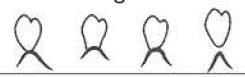
Units _____

- ☐ Gold Type I-II 77%
- ☐ Gold Type III 40% or 63%
- ☐ Gold Type IV 42%
- ☐ Silver Pd. 71%
- ☐ NP Gold Color

Characterization



Pontic Design



Ridge Relief – Yes / No

PARTIAL & DENTURE

Due Date / Time _____ ☐ Try In ☐ Finish

Anterior

SHADE	MOULD

Posterior

SHADE	MOULD

Instructions

Dr. Signature _____ **Lic. No.** _____

sicklerdental@yahoo.com / www.sicklerdentalstudio.com

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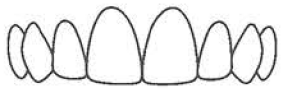

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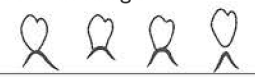

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