






REQUIRED INFORMATION	
Doctor/Lab Name	_____
Practice Name	_____
Address	_____
Phone	_____
Reference #	_____
Case turnaround times are based on the date the Rx is received at CML. Please allow 4 business days (M-F) from that date	

CASE INSTRUCTIONS	
Please circle single units and BRACKET splinted units	
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	

Restoration	
<input type="checkbox"/> Crown	<input type="checkbox"/> No-prep veneer
<input type="checkbox"/> Bridge	<input type="checkbox"/> Veneer
<input type="checkbox"/> Inlay/Only	

Products	
Zirconia <input type="checkbox"/> Cercon ht <input type="checkbox"/> Cercon xt <input type="checkbox"/> Cercon xt ML <input type="checkbox"/> Nacera <input type="checkbox"/> Nacera ML <input type="checkbox"/> Katana <input type="checkbox"/> BruxZir	Ceramic <input type="checkbox"/> Celtra LT <input type="checkbox"/> Celtra HT <input type="checkbox"/> e.max abutment <input type="checkbox"/> e.max CAD <input type="checkbox"/> HT <input type="checkbox"/> MO <input type="checkbox"/> LT
Wax/Temp <input type="checkbox"/> PMMA <input type="checkbox"/> Wax	

ITEMS SENT
<input type="checkbox"/> Impression <input type="checkbox"/> *REQUEST FOR MODEL PRODUCTION WITH CASE <input type="checkbox"/> Model <input type="checkbox"/> Model & Impression

CROWN DESIGN	
Pontic Design:	
	
	
	
modified ridge top	saddle ridge top
sanitary hygenic	conical
	ovate
Tooth Shade: _____	
Shade Guide Used: _____	
If Insufficient Room <input type="checkbox"/> Trim Opposing <input type="checkbox"/> Call to discuss <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Trim prep no coping	Occlusal Contact <input type="checkbox"/> Light <input type="checkbox"/> Open <input type="checkbox"/> Tight
Interproximal Contact <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	
*Rx Specific Instructions	

STAIN & GLAZE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTES:

DESIGN APPROVAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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***STANDARD DESIGN IF AN OPTION NOT SELECTED *PRODUCTION TIMES BASED UPON DESIGN APPROVAL**

SIGNATURE: _____ Date: _____

*The person sign in this form is an authorized signer & along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collections and oher fees incurred by CML in the event the account is sent t collections or litigation.