



# Dental Crafters®

## CROWN & BRIDGE PRODUCTS

1000 Corporate Drive · P.O. Box 770 · Marshfield, WI 54449  
(715) 387-2642 · 800-472-8302 · Fax (715) 387-4100  
www.dentalcrafters.net

PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS, OR DAYS IN TRANSIT AS WORK DAYS.

CROWN & BRIDGE PRODUCTS

### Zirconia

- N.Dura PFZ (Porcelain Fused Zirconia)
- N.Dura Crown
- N.Dura Facial Cutback Crown
- N.Dura HT Crown\*
- N.Dura HT Facial Cutback Crown\*

\*Stump Shade Required \_\_\_\_\_

### Lithium Disilicate

- e.max® \*
- e.max® Facial Cutback\*

\*Stump Shade Required \_\_\_\_\_

### PFM (Porcelain Fused to Metal)

- High Noble Yellow Gold
- High Noble White Gold
- Noble White/Platinum Plus
- Non-Precious

### Full Cast

- High Noble Yellow Gold
- Noble Gold Colored
- Noble Silver
- Titanium
- Non-Precious

### Retainer

- Lingual Retainer 3D

<b>Shade</b> _____	<b>Anterior Translucency</b>	<b>Occlusal Staining</b>	<b>Stain Color</b>
Gingival _____	<input type="checkbox"/> Low	<input type="checkbox"/> Heavy in Pits	<input type="checkbox"/> Brown
Body _____	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate in Pits	<input type="checkbox"/> Ochre
Incisal _____	<input type="checkbox"/> High	<input type="checkbox"/> Light in Pits	<input type="checkbox"/> Orange
	<b>Photos Enclosed</b>		
	<input type="checkbox"/> Digital Card <input type="checkbox"/> Photos Emailed <input type="checkbox"/> Printed Photos		

### Lingual Design



### Facial Design

- Metal Band \_\_\_\_\_ mm
- Show No Metal
- Porcelain Butt

### Pontic Design



### Pontic Ridge Relief

- None
- Slight
- Medium
- Heavy

### Diagnostic Wax Up/Provisionals

- Diagnostic Wax Up
- Temporary Stint
- Siltec Reduction Guide
- Additive Wax-up
- Temporary Acrylic Crown

### Implant Options:

- Screw Retained
- Cement Retained

### Implant Abutments

#### Custom Abutments:

- Titanium
- Zirconium/Ti Base
- Zirconium

#### Implant Abutments

#### Stock Abutments:

- Titanium

#### Please Send Torque Wrench



(limited quantity)

### Select

- T1 Abutment
- T2 Abutment

Implant System Type: \_\_\_\_\_

Implant Diameter: \_\_\_\_\_ mm

DATE NEEDED \_\_\_\_\_

TIME \_\_\_\_\_

**Lab Use Only**

PAN# \_\_\_\_\_

Patient Name \_\_\_\_\_

Male       Female       Age \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Lab Use Only**

CALLED DOCTOR

\_\_\_\_\_

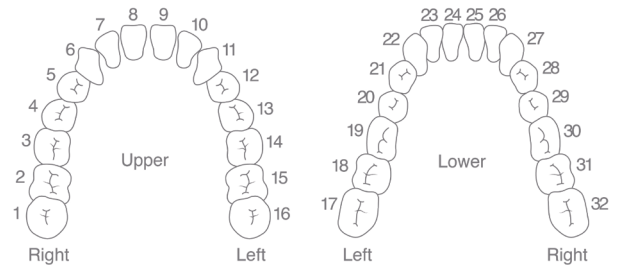
(Initial)

## INSTRUCTIONS

DESIGN

ADDITIONAL

IMPLANTS



**Please Send:**  BOXES      LABELS      Rx FORMS

- UPS
- SPEE-DEE
- FED EX
- USPS
- DENTURES
- CROWN & BRIDGE
- IMPLANT SOLUTIONS

Signature \_\_\_\_\_

License No. \_\_\_\_\_

**Lab Use Only**

TERMS: Net 30th of the month following date of statement. Statement balances 30 days or more past due will be subject to a finance charge of one and one-half (1.50%) per month. This is an annual percentage rate of 18%.