



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

- Lava Crown
- 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

Shade _____	Anterior Translucency	Occlusal Staining	Stain Color
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
	Photos Enclosed		
	<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

- White Wax Up
- Siltec Reduction Guide
- Additive Wax-up
- Temporary Stint
- 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

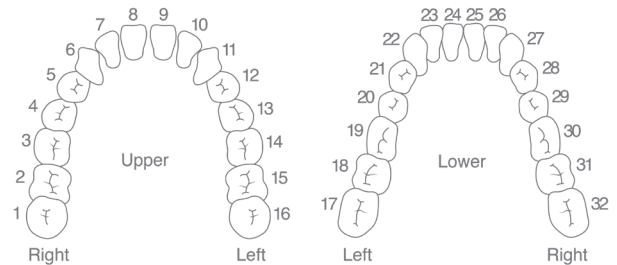
_____ (Initial)

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%.