

# BI DESIGN

DIGITAL DENTAL CERAMICS

## Crown & Bridge Rx

### REQUIRED INFORMATION

Doctor Name \_\_\_\_\_  
Last First

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Patient Chart # \_\_\_\_\_  M  F DOB \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date/Delivery on \_\_\_\_\_  
(standard working time if no date given)

### CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

Max 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Man 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

#### Metal PFM

- White HN\*
- Semi-precious

#### Full Cast

- Full cast Yellow HN gold
- Full cast Yellow noble (2% AU)
- Full cast White HN
- Full cast Semi-precious

#### Zirconia / All Ceramic

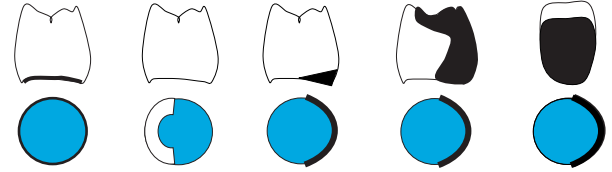
- Zirconia Full Contour Posterior
- Zirconia Layered
- High Translucent (max 3 unit bridge)
- Solid lingual with porcelain facial
- IPS e.max® (max 3 unit bridge)

#### Restoration

- Crown
- Bridge
- Veneer
- Inlay/Onlay
- Implant
- Post & core
- Diagnostic wax-up
- Rest seats  
(specify) \_\_\_\_\_
- Crown under partial  
(specify) \_\_\_\_\_

### MARGIN DESIGN

Please circle your choice(s) of margin combination



Metal collar 360°

Facial porcelain shoulder 180°

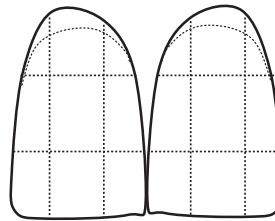
Lingual metal collar (traditional)

Metal or Zirconia occlusal

Metal or Zirconia lingual

### CROWN DESIGN

#### Characterizations



#### Pontic Design



Modified ridge-lap

Saddle ridge-lap

Sanitary/hygienic

Conical

Ovate

Tooth Shade \_\_\_\_\_  
(REQUIRED)

Shade Guide Used \_\_\_\_\_  
(vita is default)

Stump Shade \_\_\_\_\_  
(REQUIRED FOR E.MAX)

Pink Tissue Shade \_\_\_\_\_

#### If Insufficient Room

- Trim opposing\*
- Call to discuss
- Metal occlusal
- Reduction coping

#### Occlusal Contact

- Light\*
- Open
- Tight

#### Interproximal Contact

- Light\*
- Medium
- Heavy

### RX SPECIFIC INSTRUCTIONS

\*\*Please provide photos with shade tabs and screen shots when possible. Via Dropbox (with scan files and Rx in folder) or email to: [upload@bidesignceramics.com](mailto:upload@bidesignceramics.com).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist signature\*\* \_\_\_\_\_  
(REQUIRED)

Dentist license no. \_\_\_\_\_  
(REQUIRED)



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