

# Implant Crown and Bridge

Rx DATE \_\_\_\_\_

CASE # \_\_\_\_\_

DATE WANTED	TIME
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## DOCTOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## PATIENT INFORMATION

Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

SHADE \_\_\_\_\_ STUMP \_\_\_\_\_

## HAVE YOU INCLUDED THE FOLLOWING?

- Impression
- Bite
- Model
- Photo

## RETURN FOR

- Evaluation
- Metal try in
- Bisque bake
- Finish

## IF INSUFFICIENT ROOM

- Please call
- Reduce and mark
- Reduction coping
- Metal occlusion

## IMPLANT

- Please call
- Cementable
- Screw retained

## Rx

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

# Implant Crown and Bridge



## AMOUNT OF TRANSLUCENCY

- Light
- Medium
- Heavy

## VALUE

- Bright
- Medium
- Low

## OCCLUSAL STAINING

- None
- Light
- Medium
- Hypo-calcification

## PONTIC TISSUE RELIEF

- Yes \_\_\_\_\_ mm deep
- No

## PONTIC DESIGN



Harmony



Ridge Lap



Cone



Hygienic

## MOLD OF CROWN DESIRED

- Follow study model
- Match existing
- Make ideal

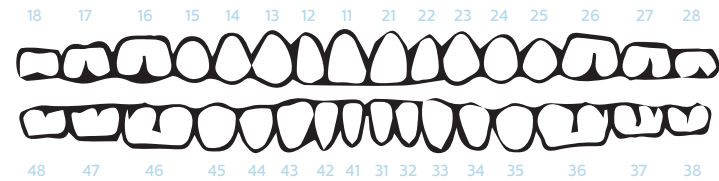
## TYPE OF METAL

- High Gold
- Semi Precious
- Low Precious
- Non Precious

## ALL CERAMIC

- Zirconia
- Lava
- Emax
- Empress

## MARK TEETH TO BE RESTORED



## MARGIN DESIGN

- Porcelain butt margin on tooth # \_\_\_\_\_
- Show no metal 360 on tooth # \_\_\_\_\_
- Metal collar lingual on tooth # \_\_\_\_\_
- Fine metal collar 360 on tooth # \_\_\_\_\_

## INTERPROXIMAL CONTACT

- Broad
- Normal
- Point

## OCCLUSAL CLEARANCE

- Positive Contact
- Light Contact
- Foil Relief

DOCTOR'S SIGNATURE \_\_\_\_\_

**RIESKE**

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WHITE - LAB COPY • YELLOW - DOCTOR'S COPY