Excel Dental Lab

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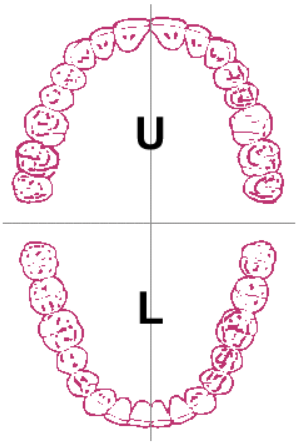
Rx Remember to include: Rx form, Impression, Opposite model and Wax bite.

Send date_____Due date_____
Clinic _____
Dentist _____
Patient _____
Ref no. _____
○ Male ○ Female Age _____

☐ New Case ☐ Lab Adjust
☐ Try-in ☐ Lab Remake
(Requires old prosthesis work)
☐ Rush Case

○ Crown ○ Bridge

- ☐ Porcelain Fused to Metal #_____
- ☐ Full Metal #_____
- ☐ In-Ceram #_____
- ☐ IPS e.max #_____
- ☐ Procera #_____
- ☐ Cercon #_____
- ☐ Empress Esthetic Inlay/Onlay #_____
- ☐ Empress Esthetic Veneer #_____
- ☐ Composite #_____
- ☐ Maryland Bridge #_____
- ☐ Post & Core #_____
- ☐ Telescopic #_____
- ☐ Temporary #_____
- ☐ Implant Service #_____
- ☐ Cast Partial Frame #_____
- ☐ Acrylic Denture #_____
- ☐ Other _____



SHADE:_____

ENCLOSED WITH CASE

- ☐ Impression
- ☐ Bite
- ☐ Working Model
- ☐ Study Model
- ☐ Old Prosthesis
- ☐ _____

METAL

- ☐ Non-Precious
- ☐ Palladium Base
- ☐ Semi-Precious 52%
- ☐ Precious 86%
- ☐ Gold
- ☐ White Gold
- ☐ _____

MARGIN DESIGN

- ☐ Metal_____mm
- ☐ Porcelain Margin_____mm
  (Only if shoulder is prepared)

Full porcelain
3/4 metal occlusal
360°metal margin
Full metal occlus al
Lingual metal margin
Metal fissures

Anterior

Full porcelain
3/4 lingual metal
Lingual metal margin
Full lingual metal

PONTIC DESIGN

STAINING

☐ None ☐ Light ☐ Medium ☐ Dark
○ Occlusal ○ Gingival

ADDITIONAL INSTRUCTION