Western Dental Arts, Inc.

Building smiles for a lifetime

406-652-1652

www.westerndentalarts.com

Doctor's Name _____

Office Phone _____

Patient's Name _____

Date Sent _____ **Date Wanted** _____

R_x

TOOTH #

ALL CERAMIC

- q E.MAX PRESS _____
- q E.MAX CAD (LITHIUM DISILICATE) _____
- q PROCERA (ZIRCONIA) _____
- q DIAGNOSTIC WAX-UP _____

PORCELAIN TO METAL

- q PORC. NOBEL _____
- q PORC. HIGH NOBEL _____
- q PORC. YELLOW GOLD _____
- q ELECTROFORMING 24K _____

ALL METAL

- q HIGH NOBEL GOLD CROWN 56% _____
- q HIGH NOBEL INLAY/ONLAY GOLD 75% _____

R_x – INSTRUCTIONS

_____

_____

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_____

(ADDL. SPACE ON REVERSE)

o ADDITIONAL INSTRUCTIONS ATTACHED

OCCLUSAL

o *METAL* o *PORC*

OCCLUSAL STAIN

NONE. o *LT.* o *MED.* o *DRK.* o

METAL MARGIN

BUCCAL	*LINGUAL*
o *YES*	o *YES*
o *NO*	o *NO*

PORC MARGIN

YES o *NO* o

RIDGE RELIEF

o NONE o SLIGHT o MED o HEAVY

INCISAL TRANSLUCENCY

o *MINIMAL* o *MODEST 1.0* o *MAX 1.5*

SURFACE TEXTURE

o *HIGH* o *MEDIUM* o *LIGHT*

LIGHT SOURCE USED

o *OPER. FLUORESCENT*

o *NAT. SUNLIGHT*

SMILE DESIGN

o *FOLLOW WAX UP*

o *FOLLOW TEMPS/MOCKUP*

o *MATCH PHOTOS, MAGAZINE, ETC.* _____

_____

SHADE _____

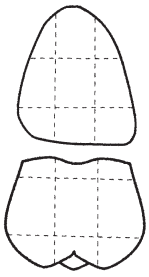
SHADE OF PREP (STUMP SHADE) _____

o *PATIENT COMING TO LAB FOR SHADE.*

GINGIVAL _____

BODY _____

INCISAL _____



SHADE GUIDE USED _____

_____ OVATE MM.

_____

PLEASE SEND: o MAILING BOXES o RX FORMS o MAILING LABELS

LABORATORY CHECK LIST FOR DOCTOR'S OFFICE

- o SHADE OF PREPARATIONS (STUMP SHADE)
- o LENGTH OF CENTRALS TO SOFT TISSUE
- o SMILE DESIGN
- o BITE REGISTRATION WITH STICK
- o BITE REGISTRATION WITHOUT STICK
- o FACEBOW TRANSFER JIG
- o SHADE OF ALL TEETH
- o OPPOSING MODEL
- o WORKING IMPRESSIONS
- o CD OR PHOTOS
- o MODEL OF PRE-OP
- o MODEL OF TEMPS

DENTIST'S SIGNATURE _____ LICENSE # _____ DATE _____

I AGREE TO TERMS ON REVERSE

SEE BACK OF RX FOR ADDITIONAL PREP INFORMATION

LABORATORY SCHEDULE

HOURS: MONDAY - FRIDAY 7:00 AM - 6:00 PM

ALL CERAMIC CROWNS 1-8 UNITS	10 DAYS
ALL CERAMIC CROWNS 9+ UNITS	15 DAYS
ALL CERAMIC VENEERS	10 DAYS
E.MAX LAYERED	10 DAYS
E.MAX EXPRESS	7 DAYS
ZIRCONIA	10 DAYS
ZIRCONIA BRIDGE/IMPLANTS	15 DAYS
PORCELAIN TO METAL	10 DAYS
GOLD CROWNS	7 DAYS
DIAGNOSTIC WAX UPS	5 DAYS

OUR GUARANTEE TO YOU ON REPAIRS & REMAKES

At Western Dental Arts, Inc. we work hard to provide continued satisfaction with a quality product. When a remake or repair does occur we will do everything possible to provide your patient with fast courteous service. Minor repairs or adjustments will be picked up and re-delivered the following day. Remakes will be processed ASAP. Please call to schedule. Thank you for your patience and understanding.

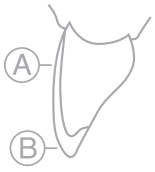
Rush cases are available with prior telephone approval.

For accounts not in our pickup/delivery area, we provide prepaid labels and shipping supplies. All cases are returned via UPS Next Day Air Saver (guaranteed delivery by 3:00 p.m. most areas, 5:00 p.m. in outlaying area) to ensure prompt and timely delivery. All overnight shipping fees will be charged to your invoice.

Should you have any questions please feel free to call us. These terms are subject to change without notice.

PREPARATION GUIDELINES

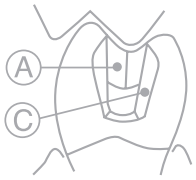
ALL-CERAMIC / EMPRESS VENEERS



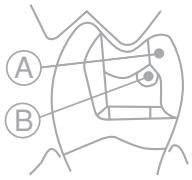
A. 0.7 TO 1.0 MM LABIAL REDUCTION

B. 1.5 MM INCISAL REDUCTION

INLAY



OUTLAY



A. 1.5 TO 2.0 MM OCCLUSAL REDUCTION

B. ROUND ALL SHARP LINE ANGLES, OCCLUSAL EDGES AND ELIMINATE UNDERCUTS

C. PROXIMAL AND OCCLUSAL WALLS SHOULD HAVE 6-8 DEGREES TAPER

EMPRESS / E-MAX EXPRESS CROWNS

LABIAL
LINGUAL
INTERPROXIMAL — 1.0 - 1.5 MM

INCISAL 1.5 - 2.0 MM

LABIAL
LINGUAL
INTERPROXIMAL — 1.0 - 1.5 MM

OCCLUSAL 1.5 - 2.0 MM

TERMS

Outstanding balances not paid within 30 days of statement are subject to a delinquency charge of 2 percent per month. Balances not paid within 60 days of statement period are subject to C.O.D. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

R_x – INSTRUCTIONS (CONT.)

INCOMING CHECK LIST

- o IMPRESSION/MASTER
- o OPPOSING
- o BITE
- o STICK BITE
- o PRINTS, PHOTOS, CD
- o OLD CROWN _____
- o OLD BRIDGE _____
- o STUDY MODELS
- o OLD MODELS
- o FACE BOW
- o IMPLANT IMPRESSION COPINGS _____
- o IMPLANT ANALOG _____
- o IMPLANT ABUTMENTS _____
- o DIAGNOSTIC WAX UP
- o ARTICULATOR
- o PARTIAL
- o DENTURE
- o _____
- o _____