

HERMANSON LEMKE

CROWN & BRIDGE A MICRODENTAL LABORATORY

1420 East County Road D Court • Maplewood, MN 55109-1994 • 651-483-6611 • 800-328-9648 • Fax 651-482-9707

Dr. _____

DATE: _____

PATIENT: _____

SHADE: _____ SEX _____ AGE _____

CASE NEEDED

DATE: _____

TIME: _____

NO. OF UNITS TYPE OF RESTORATIONS

- ____ PORCELAIN & METAL CROWN
- ____ ZEUS
- ____ ZEUS ZIRCAD
- ____ ZEUS ULTRA
- ____ EMAX SHADED
- ____ EMAX LAYERED
- ____ PORCELAIN TO ZIRCONIA
- ____ FULL METAL CROWN

SURVEY FOR PARTIAL

METAL

- HIGH NOBLE
- NOBLE
- NON PRECIOUS

CALL DOCTOR

PONTIC DESIGN

FULL RIDGE PARTIAL RIDGE NO RIDGE POINT CONTACT NO CONTACT



OVATE SOCKET

OVATE RIDGE



TYPE OF PREPARATION

- FEATHER EDGE
- CHAMFER
- SHOULDER
- BEVEL SHOULDER

IF OCCLUSAL CLEARANCE IS TIGHT

- REDUCE PREP
- TRIM OPPOSING
- METAL ISLAND

RETURN

- DIE TRIAL
- METAL TRIAL
- BIS-BAKE
- FINISHED

RIDGE RELIEF

- NONE SLIGHT
- MEDIUM HEAVY

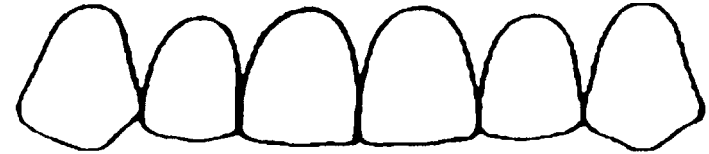
ESTHETIC OPTIONS

- GINGIVAL NECK SHADE COLOR
- NO FACIAL GINGIVAL METAL COLLAR
- PORCELAIN BUTT MARGIN
- OCCLUSAL STAINING

FRAMEWORK DESIGN



CHARACTERIZATION



ADDITIONAL INSTRUCTIONS

SIGNATURE _____

PLEASE SEND: SHIPPING BOXES RX FORMS SHIPPING LABELS

IN

LAB USE ONLY: SHADE GUIDE _____ TRAY _____ ART SERIAL NO. _____ F/F

MODELS _____ DIES _____ CROWNS _____ BRIDGES _____ BITE _____ P/P

OUT

RETURNED TO DR.:

SHADE GUIDE _____ TRAY _____ ART SERIAL NO. _____ F/F

MODELS _____ DIES _____ CROWNS _____ BRIDGES _____ BITE _____ P/P