



Pacific Dental Arts, Inc

A FULL SERVICE DENTAL LABORATORY

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Olympia, WA 98506 360-491-6403 Fax

DR.: _____ Date _____

PATIENT: _____

Due by 4pm on: _____ Rush
(*Standard working time will be given if due date area is empty)

INSTRUCTIONS FOR CROWN & BRIDGE

Enclosed: Photo Implant Bite Impression Artic Model

Shade _____

Stump shade if dark _____

CROWN & BRIDGE PRODUCTS

ALL CERAMIC

- Premium BruxZir \$106⁰⁰
- E.Max, posterior \$149⁰⁰
- Ceramic Layered Zirc
- PDA/Greg to choose best ceramic material

IMPLANT

- Type/Size _____
- Screw retained crown if possible
- Abut Seating Jig

PONTIC DESIGN

- Modified Ridge
- Ovate Pontic
- Sanitary
- Ridgelap on Implant

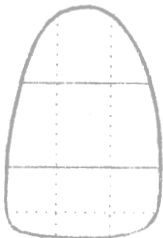
NO CLEARANCE

- Metal Occlusal
- Adjust Opposing
- Reduction Coping

MARGIN/COLLAR ALLOY TYPE

- Ling. Collar
- 360° Band
- Porcelain Margin
- Noble
- High Noble
- Base Metal

MULTIPLE SHADING/COSMETIC COMMUNICATION



MULTIPLE SHADES

For best results have you included?

- Pre-Op Opposing Temp Model
- Bite Registration
- Stick Bite / Symmetry Bite
- Diagnostic Wax-up
- Desired Finished Length of Centrals
- Photo with Symmetry Bite
- Photos - Retracted, Full Face, w/Shade Tab

Terms: PDA requires each case be accompanied by a signed labslip which is to be considered a binding work order agreement and acceptance of Terms and Conditions. Invoices are billed by statement with payment due by the 15th of the subsequent month from statement date. 1.5% Service Charge will be billed on all past due balances.

Authorized

Signature: _____ **Date** _____

(White - Lab Copy • Yellow - Doctor's Copy)

PDA-Rx_CrownBridge 4-2014