kataradental®
PUTS THE SMILE BACK ON®

www.kataradental.com

Crown & Bridge
LABORATORY PRESCRIPTION FORM

Dr. _____ **Date:** _____

Address _____ **Job Card No.** _____

Lab use only

Patient Name _____ **Age** _____ **Sex** _____

Teeth Number (Please Circle)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

☐ **PFM**

- ☐ Full Metal
- ☐ Full Metal with Labial / Buccal Veneer in LC Composite
- ☐ Inlays / Onlays Cast Post (Full Metal)

Alloy to be used: ☐ Ni Cr ☐ Ni Free CoCr

☐ **Metal Free Crown & Bridge**

- ☐ Pressable – IPS E Max / IPS E Max Monolith
- ☐ Inlays / Onlays (Emax Monolith)

(For All Single unit and Anterior 3 unit bridge only)

☐ **CAD CAM: Zirconia**

☐ Czar - A Katara Dental Innovation	☐ PFZ	☐ FZ	☐ FZ Plus (Translucent)
☐ LAVA Premium	☐ PFZ	☐ FZ	
☐ Procera	☐ PFZ	☐ FZ	

Inlays / Onlays

☐ Czar - FZ, FZ Plus ☐ Lava FZ ☐ Procera FZ

(PFZ & FZ – Max 2 pontics in posteriors & 4 pontics in anteriors) (Subject to rule of 27)

(FZ Plus – Anterior 3 unit bridge, posterior single units)

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☐ **CAD CAM**

PFM Full Metal

☐ Milled → ☐ Co Cr ☐ Titanium (Czar PFM Plus)

☐ DMLS → ☐ Co Cr

Collar

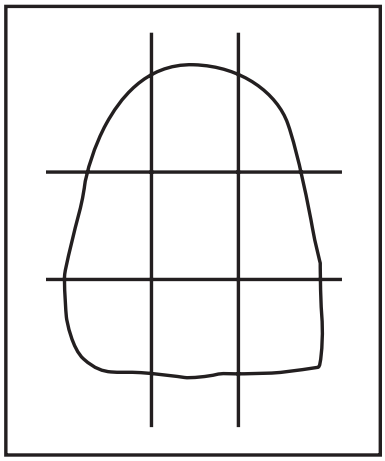
☐ Lingual ☐ 360°

Facing

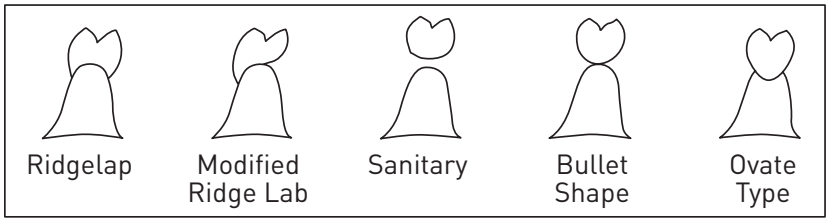
Full Metal with LC Composite

☐ Labial / Buccal Veneering ☐ Full Veneering

Shade Chart



Pontic Design (Please Circle)



Delivery Schedule (Expected Date)

Metal Try-in:

Biscuit Try:

Direct Finish:

Enclosures: ☐ Impression ☐ Bite ☐ Opposing Model ☐ Photograph

Special Instructions: