CROWN & BRIDGE (FIXED)
LABORATORY WORK AUTHORIZATION

Helm Dental Laboratory
2801 Capital St.
Wylie, TX 75098
(972) 442-9772

Dr. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Patient's Name _____
Age _____ Sex: ☐ M ☐ F

Return Date: _____ **(By 5:00pm)**

FIXED RESTORATIONS

Shade _____

Tooth Number(s) _____

RESTORATION
- ☐ Crown
- ☐ Veneer
- ☐ Bridge
- ☐ Inlay / Onlay
- ☐ Post & Core

DESIGN DETAILS *(* Additional Charge)*
- ☐ 360 Metal margin _____mm
- ☐ Porcelain Butt Margin*
- ☐ Metal Lingual Collar
- ☐ Other _____
- ☐ 3/4 Metal Occlusal*
- ☐ Metal Lingual
- ☐ Metal Occlusal*
- ☐ Diagnostic Wax Up*

ALL-CERAMIC
- ☐ Lava
- ☐ Full Zirconia
- ☐ e.max

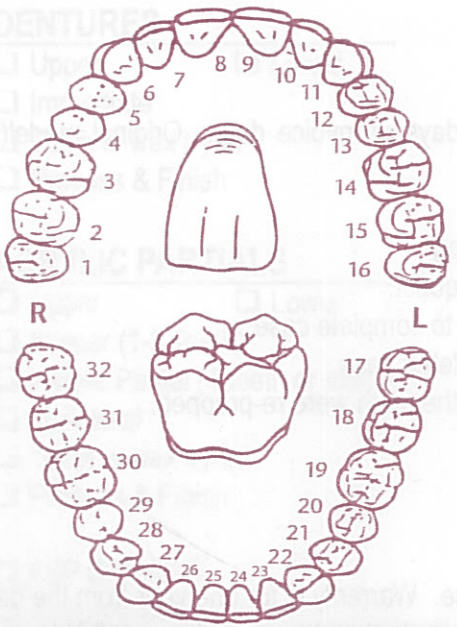
COMPOSITES / TEMP
- ☐ Temporary Crown

PFM CROWNS
- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble White Gold
- ☐ High Noble Yellow Gold
- ☐ Captek

FULL CAST
- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble White Gold
- ☐ High Noble Yellow Gold
- ☐ Cast Post & Core

IMPLANT ABUTMENTS
- ☐ Stock
- ☐ Custom Milled
- ☐ Frame
- ☐ Screw Retained
- ☐ Zirconia
- ☐ Titanium
- ☐ Zirconia w/Ti insert-Hybrid

Implant System _____
Diameter _____



PONTIC DESIGN

- ☐ Sanitary
- ☐ Point Contact
- ☐ Partial Ridge
- ☐ Full Ridge
- ☐ Ovate

Ridge Relief
- ☐ None
- ☐ Slight
- ☐ Medium
- ☐ Heavy

Will opposing teeth be restored? ☐ Yes ☐ No
Do you want a framework try-in? ☐ Yes ☐ No
Will doctor trim die? ☐ Yes ☐ If needed

If prep reduction is insufficient:
- ☐ Reduce and mark opposer
- ☐ Make Reduction Coping of prep

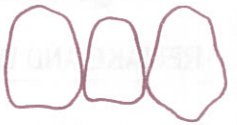
Occlusal Contacts
- ☐ In occlusion
- ☐ Out of occlusion .3mm
- ☐ Out of occlusion .5mm

SHADES AND CHARACTERIZATION

Occlusal Stain
- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark

Surface Texture
- ☐ Smooth (glossy)
- ☐ Medium
- ☐ Coarse (highly defractive)

Incisal Translucency
- ☐ Slight
- ☐ Medium
- ☐ Heavy



Posterior Anatomy
- ☐ Full
- ☐ Primary

Stump Shade for e.max ND _____ ST _____

Length of Centrals from Prep Margin _____mm

Additional Instructions: (Please print legibly)

Doctor's Signature _____

License No. _____ **Prep Date** _____

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the account is in collections or litigation, including reasonable fees.