

**J & H Dental Laboratory**

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Case # \_\_\_\_\_

Company Name: \_\_\_\_\_

公司名称: \_\_\_\_\_

Patient Name: \_\_\_\_\_

病人: (First) \_\_\_\_\_

(Last) \_\_\_\_\_

Date Shipped: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

发货日期: MM DD YY

Date Needed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

需要的日期: MM DD YY

 贵金烤瓷 75%  
PORCELAIN TO 75% GOLD
 贵金烤瓷 86%  
PORCELAIN TO 86% GOLD
 半贵金烤瓷  
PORCELAIN TO SEMI-PRECIOUS

 加瓷  
Porcelain Add-up

 普通金属烤瓷  
PORCELAIN TO NON-PRECIOUS

 铸瓷  
EMPRESS II

 贵金属钢牙 (白金、黄金)  
FULL CAST GOLD CROWN

 烧结全瓷  
E-MAX

牙体: Shade Body:	牙颈部: Shade Gingival:	<input type="checkbox"/> 非金属边 No Collar <input type="checkbox"/> 舌侧金属边 Ling Collar <input type="checkbox"/> 360° 金属边 360° Collar <input type="checkbox"/> 金属颌面 Metal OCC <input type="checkbox"/> 舌侧金属背 Metal Lingual
注意事项: Shade Note:		
牙位 & 单只/连体 Tooth No. & Single Units <input type="checkbox"/> jointed <input type="checkbox"/>		
咬颌 <input type="checkbox"/> 松 <input type="checkbox"/> 松 1 mm <input type="checkbox"/> 松 1/2mm <input type="checkbox"/> 紧 Occlusion Out 1 mm Out 1/2 mm Out In		
缺失牙设计 <input type="checkbox"/> 宽接 <input type="checkbox"/> 常接 <input type="checkbox"/> 点接 <input type="checkbox"/> 无接触 Pontic Design Full Ridge Partial Ridge Point Contact No Contact		
Shade Guide 比色板: <input type="checkbox"/> Vita <input type="checkbox"/> Ivoclar Vivadent		

Rx-Instructions (特别指示):

 肩台瓷

Porcelain Butt Margin

牙位

Tooth Number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I verify that a signed prescription from a licensed dentist is on file for this restoration.

IPNPCBS.001; Rev 2;