

4601 Buffalo Gap Road, Suite C3  
Abilene, TX 79606



Phone: 325-690-  
1-888-271-  
kappidentalarts@yahoo.com

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

DATE SENT \_\_\_\_\_ INSERTION DATE \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

SHADE \_\_\_\_\_  
TEETH RESTORED # \_\_\_\_\_  
TOOTH TEXTURE \_\_\_\_\_  
PONTIC DESIGN \_\_\_\_\_  
BITE  CLASS 1  CLASS 2  CLASS 3  
OTHER \_\_\_\_\_

**RIDGE RELIEF:**  
 YES \_\_\_\_\_  NO \_\_\_\_\_

**ALL CERAMIC RESTORATION:**  
 EMAX  ZIRCAD (LAYERED ZIRCONIA)  
 CELTRA DUO  FULL CONTOURED ZIRCONIA (BRUXZIR)  
 ANTERIOR ZIRCONIA  
 OTHER \_\_\_\_\_

**FULL CAST CROWNS:**  
 HIGH NOBLE (60%)  
 NOBLE (40%)  
 SILVER/PALLADIUM (SP)  
 BASE METAL (NP)  
 OTHER \_\_\_\_\_  
 **WAX UP**

**PORCELAIN FUSED TO METAL:**  
 SEMI PRECIOUS  
 HIGH NOBLE  
 NON PRECIOUS  
 OTHER \_\_\_\_\_

**OCCLUSAL:**  
 METAL  
 PORCELAIN  
 METAL ISLAND STOP

**MARGINS/FACIAL:**  
 PORCELAIN BUTT  
 PORCELAIN TO METAL  
 METAL COLLAR

**MARGINS/LINGUAL:**  
 PORCELAIN TO METAL  
 METAL LINGUAL  
 METAL COLLAR

ADDITIONAL/COMMENTS:

DOCTOR'S SIGNATURE \_\_\_\_\_ LIC# \_\_\_\_\_

**PLEASE FILL OUT RX COMPLETELY.**

**\* PLEASE KEEP YELLOW COPY\***