



Encode **DIGITAL** Impression Rx Form

1. Patient Name & DOB _____ Dentist _____

2. **CASE OPTIONS** (please indicate below what you would like the lab to fabricate).

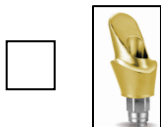
- FULL CASE (Abutment/Model + Crown)** Produced by Hermitage Dental Lab
- ABUTMENT / MODEL ONLY & Send to Your lab for Crown**

3. **LABORATORY** (Please specify alternative Lab to produce Crown)

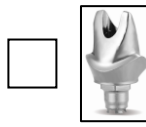
NAME of Lab _____
Address / Phone _____

"Split Lab" Logistics Fee \$20

4. **ABUTMENT MATERIAL**



Titanium Nitride (Gold)



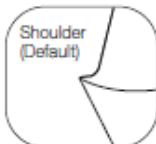
Titanium

5. **ABUTMENT DESIGN Guidelines and defaults** ***** (OPTIONAL)**

SUB GINGIVAL MARGIN DEPTH: _____ Buccal/Facial _____ Lingual (DEFAULT FOR ALL = 1mm)
_____ Mesial _____ Distal

INTEROCCLUSAL CLEARANCE: _____ (DEFAULT = 2mm)

Margin Style: Shoulder _____
Chamfer _____
Feather _____



6. **Abutment, Screw +** PFM \$467 PFZ (Porcelain / Zirconia) \$448
- CROWN** EMAX Layered \$448 Bruxzir \$393
- Temporary \$318 EMax Full Contour \$408 Remove Golden Nitride <\$31>

7. **SHADE SELECTION / COMMENTS** Do you have photos for the Lab?: YES _____ NO _____

FAX TO: **615-889-4953**

SIGNATURE _____ **DATE** _____