

INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient # _____ M F DOB: _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at beyond.dental. Please allow 10 business days (M-F) from that date and 15 business days for complex cases.

CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Diagnostic

- Digital Implant Planning
- Digital Smile Design
- Diagnostic/Cosmetic Waxup
- Diagnostic/Cosmetic Setup
- CT Scan Appliance

Restoration

- Crown
- Bridge
- All-on-X
- Veneer
- Inlay/Onlay
- Post & Core
- Implant Ti Abut
- Implant Zr Abut
- Implant Screwretained
- Implant Temp/Healing Cap

Quality

- Premium Signature
(Photos Required)

Return for:

- Die Trim Bisque
- Try-In Finish

Material

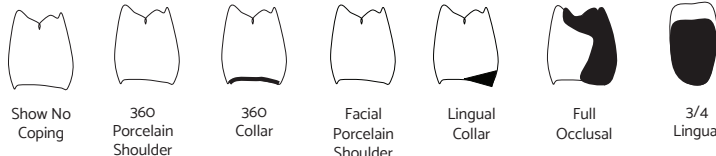
- FCZ (Full Contour Zirconia)
- PFZ (Porcelain fused to Zirconia)
- Lithium Disilicate (e.max or LiSi)
- PMMA
- PFM Titanium (Biocompatible)
- PFM High Noble 74% Au, Type IV
- PFM Noble 72.5 PD, Type IV
- Full Gold Noble 2%, Type III
- Full Gold High Noble 55%, Type IV

Removable

- Clear Duplicate
- Bite Rim
- Custom Tray
- Essix Retainer

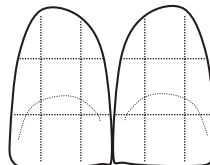
MARGIN DESIGN

Please **CIRCLE** your choice(s) of margin combination

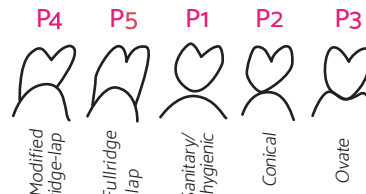


CROWN DESIGN

Characterizations



Pontic Design



Anterior Characterization: _____

Posterior Characterization: _____

Tooth Shade _____ Shade Guide Used _____
(vita is default)

Stamp Shade _____ Pink Tissue Shade _____
(REQUIRED FOR E.MAX)

If Insufficient Room

- Trim opposing
- Adjust Prep
- Call to discuss

Occlusal Contact

- Light
- Open
- Tight

Interproximal Contact

- Light
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

Please upload your digital files via the beyond dental client portal at <https://beyondclient.labzona.net> or email to mail@beyond.dental

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Beyond Dental LLC in the event the account is sent to collections or litigation.

Dentist Signature**
(REQUIRED BY LAW)

Dentist License no.