

### 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

#### Return for:

- Die Trim  Bisque
- Try-In  Finish

Dentist Signature\*\*  
(REQUIRED BY LAW)

#### Material

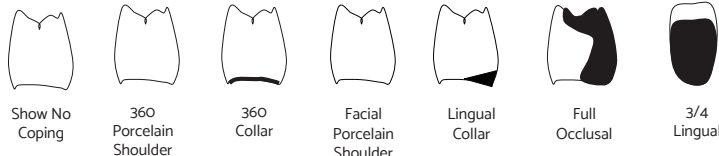
- FCZ (Full Contour Zirconia)
- PFZ (Porcelain fused to Zirconia)
- Lithium Disilicate (e.max or LiSi)
- PMMA
- PFM 40% Au, 40% PD Type IV
- PFM CoCr, Non-Precious, Type IV
- Full Gold 2%, Type III
- Full Gold 58%, Type IV

#### Removable

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

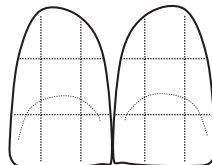
### MARGIN DESIGN

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

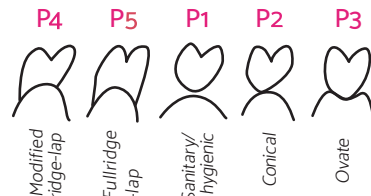


### CROWN DESIGN

#### 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](mailto: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 License no. \_\_\_\_\_