

Package delivery send to
One Cap Digital
 4851 Nursery Rd
 Dover PA 17315
 M: 407-205-9398 O: 407-205-7905

Digital file send through
WeTransfer to onecapdigital@gmail.com

Your Company: _____
 Patients Name: _____
 Pan Number: _____
 Date Sent: _____
 Due Date: _____

CROWN & BRIDGE
ALL-CERAMIC

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Full/Solid Zirconia | <input type="checkbox"/> Crown |
| <input type="checkbox"/> Anterior HT Zirconia | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Layered Zirconia | <input type="checkbox"/> Inlay/Onlay |
| <input type="checkbox"/> e.Max | <input type="checkbox"/> Veneer |
| <input type="checkbox"/> Empress | |

PFM

- Non-Precious
- Semi-Precious (Metal Extra)
- High-Noble (Metal Extra)
- Maryland Bridge (NP)

FULL CAST

- Non-Precious
- Semi-Precious
- High-Noble (Metal Extra)

 PMMA TEMPORARY
 PMMA SCREW-RETAINED TEMPORARY
IMPLANT

Implant System: _____
 Platform Size: _____
 Manufacturer: _____

- | | |
|---|--|
| <input type="checkbox"/> Custom Ti Abutment | <input type="checkbox"/> Cement Retained |
| <input type="checkbox"/> Custom Hybrid Abutment | <input type="checkbox"/> Screw-Retained |

REMOVABLE PROSTHETICS

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Acrylic | <input type="checkbox"/> Single tooth replacement |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Partial denture |
| <input type="checkbox"/> Metal Frame | <input type="checkbox"/> Upper <input type="checkbox"/> Lower |
| <input type="checkbox"/> Metal Bar | <input type="checkbox"/> Complete denture |
| | <input type="checkbox"/> Upper <input type="checkbox"/> Lower |

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Custom tray | <input type="checkbox"/> Wax-Up Try In |
| <input type="checkbox"/> Bite block | <input type="checkbox"/> Process / Finish |

REPAIR

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Add Tooth | <input type="checkbox"/> Hard Reline |
| <input type="checkbox"/> Add Clasp | <input type="checkbox"/> Soft Reline |
| | <input type="checkbox"/> Rebase |

EXTRA
NIGHT/DAY GUARD

- Hard
- Hard/Soft
- Soft 2mm 3mm
- Sports
- Ortho
- Other _____

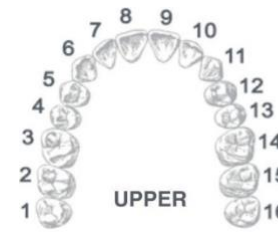
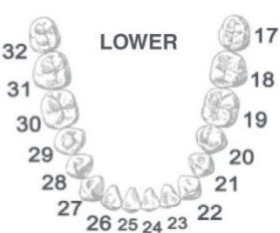
RETAINERS

- Essix retainers
- Hawley retainer

TYPE OF RESTORATION _____

TOOTH #: _____
 Shade: _____
 Shade Guide: _____
 Stump Shade: _____

CIRCLE TEETH/ARCH(S)

C&B SPECIFICATIONS

<input type="checkbox"/> Metal Margin on Buccal (mm)	<input type="checkbox"/> Metal Design
<input type="checkbox"/> Metal-Porcelain Junction Margin	<input type="checkbox"/> No Mtl. Collar
<input type="checkbox"/> 180° Porcelain Butt Margin	<input type="checkbox"/> 360° Mtl. Collar
<input type="checkbox"/> 360° Porcelain Butt Margin	<input type="checkbox"/> Metal Lingual
	<input type="checkbox"/> Metal Lingual Collar
	<input type="checkbox"/> Mtl Occl. Cusp.
	<input type="checkbox"/> Mtl Occl. Incl. Buccal Cusp.

PONTIC DESIGN

<input type="checkbox"/> Full Ridge	<input type="checkbox"/> Modified Ridge	<input type="checkbox"/> No Ridge	<input type="checkbox"/> No Contact	<input type="checkbox"/> Point Contact
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SPECIAL INSTRUCTIONS