



QUALITY CROWNS, INC

4700 Northgate Blvd, Ste 155
Sacramento, CA 95834

916-500-0737

qualitycrownsdental@gmail.com

DOCTOR'S NAME: _____

PATIENT'S NAME: _____

PATIENT'S AGE: _____ PATIENT'S GENDER: __ M __ F __

DUE DATE: _____

Final Shade: _____ Prep Shade: _____

If Inadequate Clearance: ☐ Spot Opposing ☐ Reduction Coping ☐ Heavy

FOR LAB USE ONLY

Pan # _____

Received _____

ITEMS ENCLOSED:

Maxillary Impress. _____

Mandibular Impress. _____

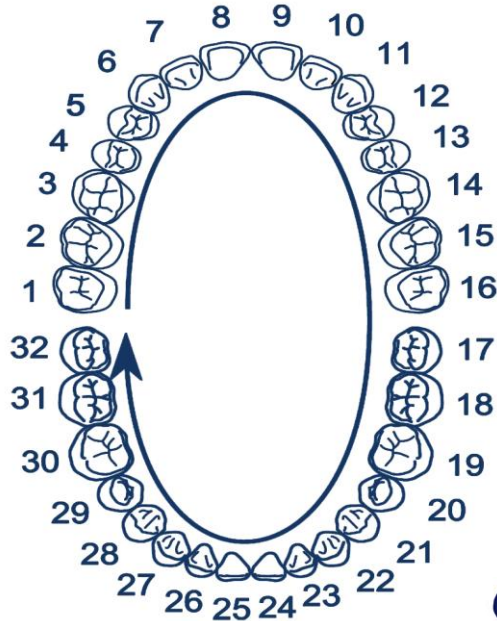
Triple Tray _____

Bites _____

Models _____

Crowns / Bridges _____

Implants Parts _____



FIXED RESTORATION:

- ☐ Full Zirconia
- ☐ Cosmetic Zirconia
- ☐ Temporary Crown
- ☐ E-Max
- ☐ Gold Crown
- ☐ Non-Precious Crown
- ☐ All-On-4
- ☐ Full Arch Restoration

PONTIC DESIGN:



SELECT FINAL CUSTOM ABUTMENT:

- ☐ Titanium
- ☐ Gold-Colored Titanium
- ☐ Zirconia w/Ti-Base

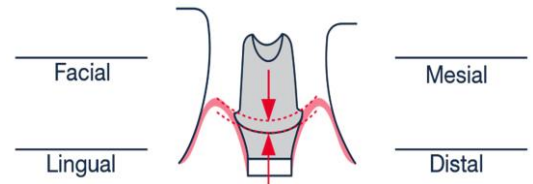
Implant System: _____

Implant Size: _____ mm.

RESTORATION TYPE:

- ☐ Screw-Mentable
- ☐ Cement-Retained
- ☐ Prepare Existing Abutment

ABUTMENT MARGIN DEPTH:



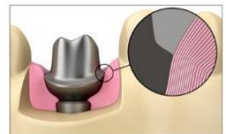
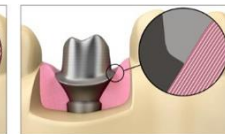
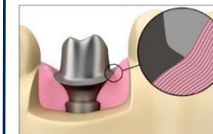
Rx Instructions: _____

Doctor's Signature: _____ Date: _____

*** Abutment packages include Abutment & Crown. We also offer Hard & Soft Nightguards.

Emergence shape options (select one)

- ☐ Concave
 - ☐ Straight
 - ☐ Convex
- (default if no selection is made)



Emergence width options (select one)

- ☐ No tissue displacement
 - ☐ Support tissue
 - ☐ Contour tissue
- (default if no selection is made)

