



Cusp Case # \_\_\_\_\_

Rx Date \_\_\_\_\_  
 Return Date \_\_\_\_\_

Dr. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone/Email \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

**Esthetic Restoration:**  PFM  Zirconia  Press   
 Porcelain Inlay/Onlay  Other \_\_\_\_\_

**Implant Restoration:**  Cement-Retained  Screw-Retained \_\_\_\_\_

**Implant Abutment:**  Zirconia-Custom  Gold-Custom  Zr-Pre-Fab \_\_\_\_\_  
 Ti-Pre-Fab  Other \_\_\_\_\_

**Full Cast:**  Gold Crown  Inlay/Onlay  Cast Post & Core \_\_\_\_\_

**Other:** \_\_\_\_\_

**RX:** Next Visit:  Framework Try-in  Bisquet Try-in  Completed

**Frame Design:**  Metal Lingual  Full Coverage  Metal Occl. w/o Cusp  Metal Occl. w Cusp

**Buccal Margin:**  Porcelain Butt  No Metal Collar  Slight Metal Collar \_\_\_\_\_ mm

**Occl. Contact:**  Normal  Light  Other \_\_\_\_\_

**Adjacent Contact:**  Normal  Broad  Point

**Removable Buttons:** Yes / No **Pontic Design:**  Ovale  Modified Ridelap  Other

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

**Shade:** \_\_\_\_\_



**Occl. Stain:**  None  Light  Medium  Dark

Shade Instructions Only

Signature of Dentist \_\_\_\_\_ License # \_\_\_\_\_

**Lab Use Only:** Item: \_\_\_\_\_

Wax \_\_\_\_\_ Implant \_\_\_\_\_  
 Metal \_\_\_\_\_ CAD/CAM \_\_\_\_\_  
 Porcelain \_\_\_\_\_ QC \_\_\_\_\_  
 Invoice \_\_\_\_\_

**Terms: Net 30 Days** - A monthly service charge of 1.5% (18% per annum) of any unpaid balance after 30 days from the date of the monthly statement may be added to the account balance.