



ILLUSION
DENTAL LAB

• CROWN & BRIDGE RX •

Barcode

1 PERSONAL INFORMATION



Doctor Name*:



Clinic Name*:



Contact No*:



Date:



Delivery Date*:



Age

Gender: ☐ Male ☐ Female



Patient Name*:

For Warranty Card

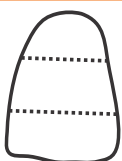
2

PRELIMINARY INFORMATION

JOB TYPE

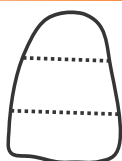
- ☐ New ☐ Continuation
☐ Redo ☐ Correction

SHADE



Tooth Shade

(Please Take Photo With Shade Tab)



Stump Shade

RESTORATION ON TOOTH

- ☐ Joint Crowns ☐ Separate Crowns ☐ Bridge

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

ENCLOSED WITH

- ☐ Upper Imp ☐ Lower Imp ☐ Aluwax Bite ☐ Scanned Image
☐ Upper Model ☐ Lower Model ☐ Study Model ☐ Digital Photo

3

PRODUCT INFORMATION

TYPE OF PROSTHESIS

- ☐ Crown and Bridge ☐ Inlay / Onlay ☐ Laminate/ Veneer ☐ Table -Top / 3/4th Crown ☐ Dowel Post

ZIRCONIA RESTORATION

**Please use Illusion Zirconia Rx for Zirconia Restorations*

METAL-FREE RESTORATION

(Please Select Warranty Type)

- ☐ e.max ☐ G-CAM ☐ Premium - 5 Yrs* ☐ Platinum - 15 Yrs* ☐ Life time*

METAL-CERAMIC

- ☐ SMART POM ☐ MLS POM ☐ PFT (Titanium)

FULL METAL

- ☐ SMART ☐ DMLS ☐ Titanium

4

ADDITIONAL INFORMATION

STAGE

- ☐ Coping / Metal Trial ☐ PMMA
☐ Bisque Trial ☐ Finish

PONTIC DESIGN

- ☐ Modified Ridge ☐ Hygienic (2 mm)
☐ Full Ridge ☐ Ovate ☐ Bullet

COLLAR AND METAL DESIGN

- ☐ No Collar ☐ 360 Collar
☐ Lingual Collar ☐ Facing

SPECIFICATIONS:

PLEASE DISINFECT THE IMPRESSION :

By filling this RX copy, you agree to by all terms & conditions of Illusion Dental Laboratory and agree to receive messages and newsletters.

Note: Please send a bite registration along with the upper & lower rubber base impression. Kindly fill in all the required details in the Rx to avoid any delay with your cases.

*Please mention Patient's name for warranty card.