

PLEASE PRINT CLEARLY

Dr Phone #: _____

Patient Name: _____

Rx Date: _____ Due Date: _____

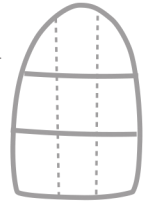
SHADE & STAINING

Shade Instructions _____

Shade: _____

Stump: _____

- Light Medium Heavy
 Occlusal Gingival



- CROWN VENEER BRIDGE OTHER _____

PORCELAIN FUSED TO METAL

- Non-Precious
 Semi-Precious
 Capttek™
 High Noble

ALL-CERAMIC RESTORATIONS

- IPS e.max® Press
 IPS Empress® Esthetic

ZIRCONIA

- Full-Contour
 Layered

PROVISIONALS

- Temporary
 Diagnostic Wax-Up

FULL-CAST - Choose Type:

- WHITE YELLOW

- Non-Precious
 Semi-Precious
 High Noble

IMPLANTS

Servicing all major implant brands

Implant System: _____

Platform Size: _____

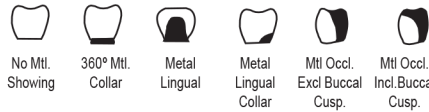
Manufacturer: _____

Abutment:

- Custom Stock
 Cement-Retained Screw-Retained
 Titanium Hybrid

MARGIN DESIGN

- Metal Margin on Buccal (_____ mm)
 Metal-Porcelain Junction Margin
 Porcelain Butt Margin



OCCUSAL CLEARANCE

- Light Open Tight

INTERPROXIMAL CONTACT

- Light Medium Heavy

IF INSUFFICIENT ROOM:

- Metal Occlusal/Lingual
 Reduction Coping
 Reduce Opposing

NOTES & INSTRUCTIONS:

REMOVABLES

- UPPER LOWER

- Custom Tray
 Bite Block
 Frame Try In
 Set-up
 Processing

- Full Denture
 Cast Partial Denture
 Acrylic Partial Denture
 Valplast®
 Cast Partial/Valplast®

REPAIR

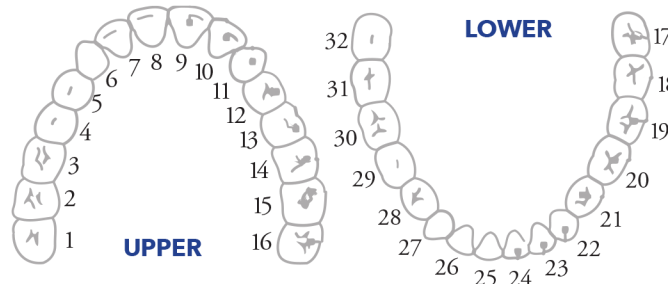
- Add Tooth
 Add Clasp
 Hard Reline
 Rebase
 Soft Reline

REMOVABLE EXTRAS

- Lucitone® 199
 Vitallium® 2000
 IPN Premium Teeth

NIGHT GUARDS

- Hard Soft Hard/Soft



ENCLOSED WITH CASE:

- Impression Models Bite

PLEASE SEND:

- Boxes Rx Shipping Labels

DR. SIGNATURE: _____

LICENSE #: _____

*By signing this Rx form, doctor agrees to the terms and conditions outlined on the fee schedule.