



9152 Elkmont Way, Elk Grove, CA 95624

916-688-1333

rx-photos@lagunadentalarts.com

Dr. _____

Practice Location _____ DSO _____

Patient _____ M F Age _____

Date ____ / ____ / ____ **DUE DATE** ____ / ____ / ____

CROWN & BRIDGE

- Full Zirconia
- Esthetic Full Zirconia
- PFZ (cut-back)
- e.max Crown
- e.max Veneer
- e.max Inlay / Onlay
- e.max Layered
- Ceramic Crown
- PMMA
- PFM
 - Non-Precious
 - Semi-Precious
 - White Gold
 - High Noble
- Full Cast Crown
 - Non-Precious
 - Semi-Precious
 - Yellow Gold
 - White Gold

REMOVABLE

- Custom Tray
- Immediate Denture
- Immediate Digital Denture
- Full Denture
- Cast Metal Frame Partial
 - Full Unilateral
- Flexible Partial (TCS)
 - Full Unilateral
- Stayplate
- Flipper (one tooth, no clasps)
- Night Guard
 - Soft Hard / Soft
 - Hard Astron
- Sports / Mouth Guard
- Essix Reline
- Repair Other

SURGICAL GUIDE

Surgical Guide
Description _____

Rx

If not enough clearance :

- Spot Opposing
- Reduction Coping

Doctor's Signature _____

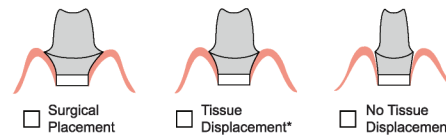
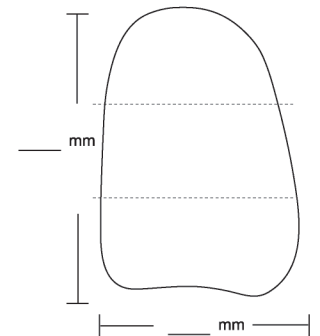
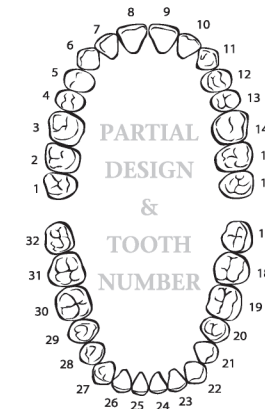
License # _____

Invoice for work completed from this RX is payable within 30 days from completion

IMPLANT

- Cement Retained
- Screw Retained
- Stock Abutment
- Vario Base
- Custom Titanium
- Custom Zirconia
- Other

Implant Brand _____
Implant Size _____



Lab Use Only

Incoming Check List :

- Impression How Many _____
- Opposing
- Bite How Many _____
- Picture / Slide / CD
- Old Crown
- Study Models
- Old Models
- Face Bow
- Implant / Analog
- Implant Abutment
- Diagnostic Wax Up
- Articulator

Partial _____

Other _____

Case No. _____

Ingot Type _____

Stump Shade _____

Shade Desired _____

- Custom Shade

SURFACE FINISH

- High Glaze
- Polished Gloss
- Satin Finish
- Low Gloss

OCCLUSAL STAIN

- None Medium
- Light Dark