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Dr. _____

Practice Location _____ Phone _____

Patient _____ ☐ M ☐ F Age _____

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

CROWN & BRIDGE

- ☐ Full Zirconia
- ☐ Layered Zirconia
- ☐ E-Max
- ☐ PFM
- ☐ Full Metal
- ☐ Metal ☐ Occlusal 
- ☐ Metal ☐ Lingual 
- ☐ Zirconia ☐ Occlusal 
- ☐ (Hybrid) ☐ Lingual 
- ☐ Porcelain Margin
- ☐ Metal Margin
- ☐ Disappearing Margin
- ☐ Yellow Gold
- ☐ White Gold
- ☐ Semi-Precious
- ☐ Non-Precious
- ☐ Other

- A ☐ Sanitary Spaced
- B ☐ Sanitary Contact
- C ☐ Buccal Lap
- D ☐ Full Lap
- E ☐ Ovate _____ mm



REMOVABLE

- ☐ Immediate Denture
- ☐ Full Denture
- ☐ Partial Denture (Metal)
- ☐ Flexible Partial (TCS) ☐ Full ☐ Unilateral
- ☐ Thermoflex Partial ☐ Full ☐ Unilateral
- ☐ Stayplate
- ☐ Splint ☐ Hard ☐ Soft & Hard
- ☐ Night Guard
- ☐ Mouth Guard
- ☐ Reline
- ☐ Repair
- ☐ Other

SURGICAL GUIDE

- ☐ Surgical Guide
- Description _____

Rx

"A Trusted Partner Since 1989"

Doctor's Signature _____

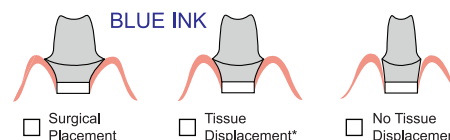
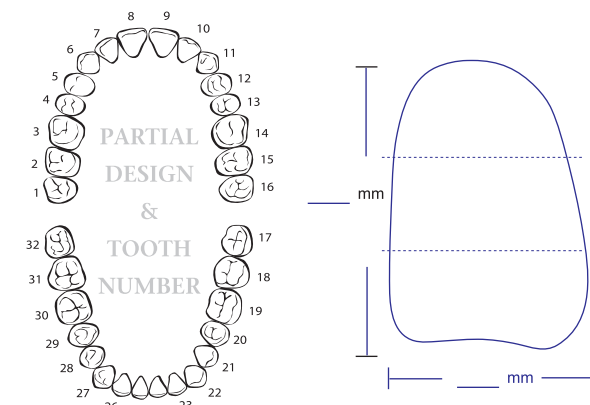
License # _____

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 / Master | Face Bow |
| Opposing | Implant Analog |
| Bite | Implant Abutment |
| Bite | Diagnostic Wax Up |
| Picture / Slide / CD | Articulator |
| Old Crown | Partial _____ |
| Study Models | Other _____ |
| Old Models | |

Case No. _____

Ingot Type _____

**Stump
Shade** _____

**Shade
Desired** _____

SURFACE FINISH

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

OCCLUSAL STAIN

- ☐ None ☐ Medium
- ☐ Light ☐ Dark