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Dr. _____
 Practice Location _____
 Phone _____
 Patient _____ M F Age _____
 Date ___/___/___ **DUE DATE** ___/___/___

SILVER PLAN RX INSTRUCTIONS

Doctor's Signature _____ License # _____

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

SILVER PLAN

CROWN

- FULL ZIRCONIA CROWN
- LAYERED ZIRCONIA CROWN
- EMAX CROWN (STAINED)
- FULL CROWN METAL
- FULL CROWN (Semi Precious)
- PFM CROWN

(SELECT PFM DESIGN TYPE)

- PROCELAIN SHOULDER
- PINK PROCELAIN
- FIT TO PARTIAL
- WING
- METAL REST
- METAL OCCLUSION

REMOVABLE & APPLIANCES

- FULL IMMEDIATE DENTURE
- CHROME CAST FRAME
- HARD SOFT GUARD
- NIGHTGUARD

TX OPTION

- SURGICAL GUIDE
- BONE REDUCTION GUIDE

DESIRED SHADE: _____

IMPLANT

- LDA TITANIUM CUSTOM ABUTMENT WITH FULL ZIRCONIA CROWN
- ANALOG

