

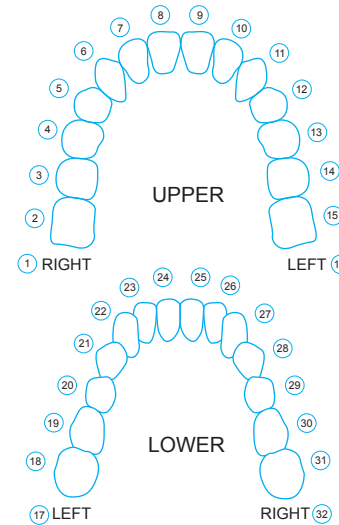


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 Fax: 888-505-7718
 Email: cs@dentallab.com

DOCTOR NAME: _____
 STREET: _____ PATIENT
 CITY: _____ LAST: _____
 STATE: _____ ZIP: _____
 PHONE: _____ FIRST: _____
 FAX: _____
 EMAIL: _____ GENDER: Male Female

Rx **SPECIFIC INSTRUCTONS**
 *STANDARD UNLESS SPECIFIED.



PLEASE SEND THE FOLLOWING

RX forms Case Bags
 Boxes Mailing Labels

SPECIAL ENCLOSURES LAB USE ONLY

Photo (s) Analog
 Models Implant Parts
 Shade lab Impression
 Bite Others

FINAL CERAMIC SHADE

Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE

Indicate Shade Here

OCCUSAL STAINING

None Light* Medium Dark

PONTIC DESIGN

MARGIN AND METAL DESIGN

Labial Butt 360° Butt Junction Junction

*Standard unless specified otherwise

Signature: _____ D.D.S. License#: _____

TERMS: Net 15 days from statement date.

<p>ZIRCONIA RESTORATIONS</p> <p><input type="checkbox"/> Full Zirconia <input type="checkbox"/> Zirconia Layered <input type="checkbox"/> Procera® ZR <input type="checkbox"/> Cercon® <input type="checkbox"/> Lava®</p>	<p>PORCELAIN FUSED TO METAL</p> <p><input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Captek® <input type="checkbox"/> Noble <input type="checkbox"/> Gold Plated</p>	<p>IMPLANT ABUTMENTS</p> <p><input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Zirconia w/ Titanium Insert</p>	<p>DENTURES</p> <p><input type="checkbox"/> High Impact Denture <input type="checkbox"/> Premium Denture <input type="checkbox"/> Custom Impression Tray <input type="checkbox"/> Occlusion Rim <input type="checkbox"/> Wax Setup Try <input type="checkbox"/> Valplast® Partial Denture <input type="checkbox"/> TCS® Partial Denture <input type="checkbox"/> Vitalium Frame <input type="checkbox"/> Reline <input type="checkbox"/> Repair</p>
<p>ALL CERAMIC RESTORATIONS</p> <p><input type="checkbox"/> IPS e.max® CAD <input type="checkbox"/> IPS e.max® Press <input type="checkbox"/> IPS Empress® Estetic Veneer <input type="checkbox"/> IPS e.max® Veneer <input type="checkbox"/> IPS e.max® Onlays & Inlays</p>	<p>FULL CAST RESTORATION</p> <p><input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> 46% Gold <input type="checkbox"/> 60% Gold <input type="checkbox"/> Golden Cast <input type="checkbox"/> Post & Core</p>	<p>IMPLANT RESTORATIONS</p> <p><input type="checkbox"/> Full Zirconia <input type="checkbox"/> Zirconia Layered <input type="checkbox"/> IPS e.max® <input type="checkbox"/> Cercon® <input type="checkbox"/> Procera® ZR <input type="checkbox"/> Lava® <input type="checkbox"/> Captek®</p>	<p>OCCUSION</p> <p><input type="checkbox"/> In occlusion <input type="checkbox"/> Slightly out of occlusion <input type="checkbox"/> Out of occlusion</p>
			<p>NIGHT GUARDS</p> <p><input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Soft <input type="checkbox"/> Semi-hard <input type="checkbox"/> Hard</p>