

Patient's Name \_\_\_\_\_

Sex  M  F  
Age \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Rx Date

Date Due in Office

*\* Due Date needs to be at least one week from the date of pick-up.*

**Fixed Restorations**

( Please  )

- Single Crown  Bridge  Metal Coping Try-In  Other \_\_\_\_\_

**PFM**

- Non-Precious  
 Semi-Precious  
 High Noble  
 Implant

**Full Cast Metal**

- Full Cast Yellow Gold  
 Full Cast Non-Precious  
 Full Cast Semi-Precious  
 Cast Post

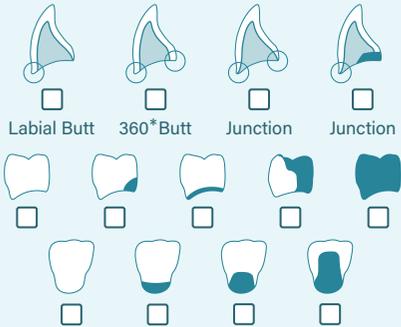
**All Ceramic**

- Multi-Layered Full Zirconia  
 Zirconia  
 E.Max Crown  
 Bruxzir  Onlay / Inlay

**Pontic Design**



**Margin / Metal Design**

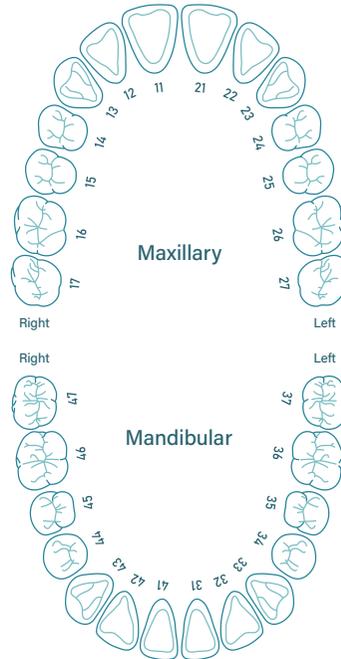


**Shade**



# \_\_\_\_\_

**Design**



**Implant**

- Cement Tape  
 Screw Tape

**Enclosures (Lab Use Only)**

- Impression  Analog  
 Models  Abutment

**Removable Restorations**

( Please  )

**Dentures**

- Immediate Denture  
 Denture Set-up  
 Denture Finish  
 Bite Block

**Metal Partial**

- Standard Partial (CoCr)  
 Deluxe Partial (Vitallium 2000)  
 Frame Try-In  
 Wax Try In with Teeth  
 Finish

**Specialty Products**

- Custom Tray  
 Bleaching Tray  
 Nightguard (  Soft  Hard )  
 Hawley Retainer  
 Essix Retainer

**Repairs / Relines**

- Relines**  
 Hard  Soft  
**Repairs**  
 Tooth  Fractures  
 Clasp

**Flexible Partial**

- TCS Clear  
 TCS™  
 Set-Up  
 Finish

**Shade**

- Acrylic** **Flexible**  
 Standard Pink  Pink  
 Light Pink  Light Pink  
 Meharry  White  
 Umber

**Rx Specific Instructions**

\_\_\_\_\_  
Tooth Shade

\_\_\_\_\_  
Tooth Mold

\_\_\_\_\_  
Tooth Make

**Please Send**

- RX Forms  
 Boxes  
 Mailing Labels

Doctor's Signature \_\_\_\_\_

# \_\_\_\_\_  
License