Restorative Prescription

SmileCreations Dental Laboratories
Rx for Success!

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Rx Date:
Deliver by 5pm on:
Office Name:
Patient Name:
Dr. Name
Chart No:
Address
Sex: M / F
Age:
Dr. Phone:

Please Select Stage

- ○ Casting or Frame Try-in
- ○ Bisque Try-in
- ○ Set-up
- ○ Process / Finish

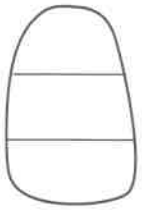
Shade Instructions

Occlusal Stain

- ○ None
- ○ Light
- ○ Medium
- ○ Dark

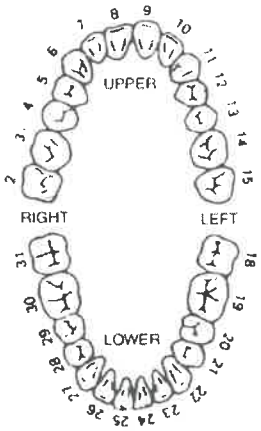
Shade_____

Prep Shade_____
(Required for All Ceramic)



Additional Instructions

- ○ Please Call Me



Dr. Signature _____

License # _____

Please Select All Applicable Options

Crown and Bridge

○ Single Unit ○ Splinted Units

Indicate stump shade for metal free restorations Tooth #_____

Porcelain Fused to Metal

- ○ Non-Precious
- ○ Noble
- ○ White High Noble
- ○ Yellow High Noble

All Ceramic Layered Porcelain

- ○ PFZ
- ○ IPS e.max Press
- ○ Composite

All Ceramic Monolithic

- ○ Full Contour Zirconia
- ○ IPS e.max CAD

Design

- ○ Porcelain Butt Margin
- ○ Full Porcelain Coverage
- ○ 360° Metal Collar _____mm
- ○ Metal Occlusal
- ○ Lingual Metal Collar _____mm

Full Denture

Acrylic Shade

- ○ Pink
- ○ Ethnic
- ○ Clear

Check List

- ○ Midline - Marked
- ○ High Lip Line - Marked
- ○ Proper Lip Support

Anterior Set-up

- ○ Ideal
- ○ Characterized
- ○ Study Model

Partials

- ○ Cast Partial
- ○ Acrylic Partial
- ○ Flexible Partial

Other Appliances / Services

- ○ Custom Tray
- ○ Reline
- ○ Night Guard Hard / Soft
- ○ Sport Guard
- ○ Bite Rim
- ○ Reset
- ○ Denture Repair
- ○ Other:

Select Denture Teeth:

Teeth

- ○ Economy
- ○ Premium
- ○ Other

Type

- ○ Porcelain
- ○ Acrylic

Shade _____

Mould _____