



Office. _____

Rx Date _____

Dr. _____

Due Date _____

Patient _____

*If no due date is assigned,
a standard 14 days will be applied*

Gender male female Age _____

RESTORATIONS

- Full Cast – yellow high noble 58%
- Full Cast – white high noble
- E Max – Stump shade _____
- Layered Emax
- Full Contour Zirconia
- Layered Zirconia
- Specialty Cases (*explain in notes*)

PONTIC DESIGN



hygienic ridge lap saddle

IF NO OCCLUSAL CLEARANCE

- reduction coping
- spot opposing

SHADE INSTRUCTIONS

Shade _____



OCCLUSAL STAINING

none light medium dark

IMPLANTS

- Nobel Biocare _____
- Straumann _____
- Zimmer _____
- Biomet 31 _____
- Astra _____
- Other _____
- Size _____

Enclosed with case:

- impressions models payments
- bite registration other _____



Signature _____ License # _____

Please send: Prescriptions Labels Shipping Boxes

Visa and MasterCard accepted • All accounts over 30 days subject to 1½ % charge

Made in the USA

