
Doctors Name

Patients Name

Office Name

Today's Date: _____ Seat Date: _____ Seat Time: _____

Rush Case: ☐ (Fees Apply)

Male: ☐

Female: ☐

CROWN: (Please Check One)

- | | |
|---|--|
| ☐ Full Contour Zirconia | ☐ Full Contour Gold |
| ☐ HT Zirconia (EMAX Alternative) | ☐ Non-Precious |
| ☐ Premium Zirconia | ☐ Semi-Precious |
| ☐ ULTRA Premium PFZ | ☐ Noble |
| ☐ Porcelain Fused to Zirconia | ☐ Yellow Gold |
| ☐ EMAX | ☐ White Gold |
| | ☐ PFM |
| | ☐ Non-Precious |
| | ☐ Semi-Precious |
| | ☐ Noble |

Tooth Shade

Stump Shade

Crown #

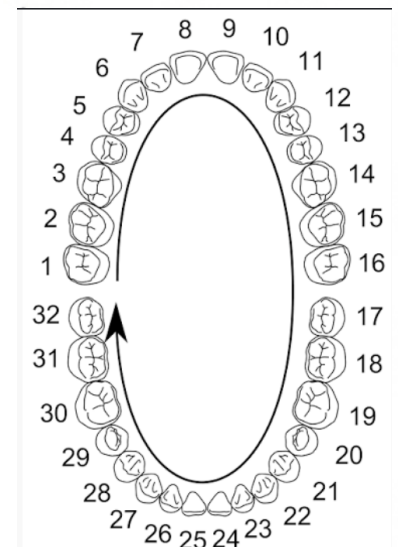
ABUTMENTS:

Step 1: Implant Type: _____ Implant Size: _____ Collar Height: _____

Step 2: ☐ Stock Abutment ☐ Custom Abutment

Step 3: ☐ Screw Retained ☐ Cementable ☐ Screwmentable

SPECIFIC INSTRUCTIONS:



Signature _____ License # _____

By signing this prescription, I acknowledge all above information.

I also agree to pay Impress Dental Laboratories for all products and services within and no later than 30 days of receiving my invoice.

Should your account fall past due, cases will be put on hold and there will be a Net 30 fee added to the account per month.