



NATURAL DESIGN DENTAL LAB

Suite 303, Sunrise, FL 33351
954-533-4018

Dr. Name _____ Rx Date _____

Address _____ Date Due in Office _____

Patient ID/Name _____ Sex M F Age _____

Enclosed with Case: Impressions Models Bite Photos Other: _____

ZIRCONIA & ALL-CERAMIC RESTORATIONS

MultiLayered Zirconia (>1,000 MPa) IPS E.max
 MultiLayered Esthetic Zirconia E.max Porcelain Layered
 Zirconia Porcelain Layered PMMA

VENEERS

ML Zirconia Veneer IPS E.max Veneer Layered E.max Veneer

IMPLANTS

Screw-Retained Angulated Implant
 Cement-Retained Zirconia w/ Ti-Base
 Custom Implant Full Arch (All-On-4)

Rx Implant System _____

 (If applicable)
 Implant Diameter _____ mm

IF NO OCCLUSAL CLEARANCE

Call Doctor Adjust Opposing Send Back

STUMP SHADE **FINAL SHADE** **OCCLUSAL STAINING** **PONTIC DESIGN**

None Light* Medium Dark

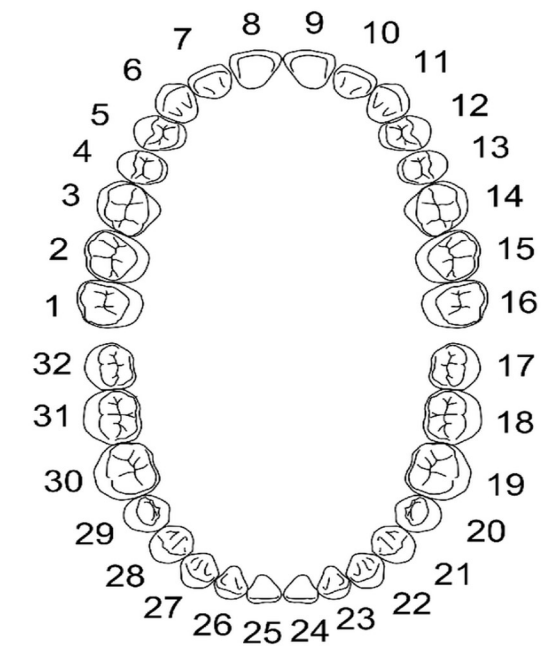
INCISAL LOBE DESIGN **INCISAL TRANSLUCENCY** **ANTERIOR DESIGN STYLE**

Less Light* Heavy None Less Light* Heavy Triangle Round Square

ANATOMICAL SURFACE TEXTURE

None Light* Medium

Tooth # _____



Signature _____

License _____ Date _____

Submission of this Rx constitutes agreement with warranty terms and conditions.