



Laboratory Prescription Form

Dr. Office: _____ Street: _____

City: _____ State: _____ Zip: _____

PH: _____ Office Email: _____

Patient Name: _____ Age: _____ Male () or Female()

Smoker () or Non Smoker(), (Infection Control: Yes ____ or No____)

Date Sent: _____ Date of Try-in: _____ Delivery Date: _____

Shade Guide: _____ Tooth Shade: _____ Custom Denture Shading ()

Papilameter Reading: _____ Alameter Reading: _____ Model ID: _____ Case ID: _____

Basic Selection (Please v)

| 3D Printed Removables | Crowns | Basic List |
|------------------------------|---|-------------------------------------|
| 3D Standard Denture () | 3D Printed BEGO Crown () | 3D Printed Nightguard Semi-Flex () |
| 3D Premium Denture () | 3D Printed Temp BEGO Crown () | 3D Printed Nightguard Firm () |
| 3D Monolithic () | 3D Printed OnX Crown () | 3D Printed Module () |
| | 3D Printed Ceramic Crown Resin Sprint ray () | Custom Tray () _____ |

Dr, Signature: _____ License#: _____ State: _____

©2018, GSR Dental. All Rights Reserved. (Additional Instructions On Reverse Side) Yes () or NO ()

Client agrees to pay any collection costs incurred in the collection of any delinquent account including reasonable attorney fees.