

Doctor Information:

Name			
Address			
City, Town, Village	State	Zip Code	Telephone No.

Patient Information:

Name	Age	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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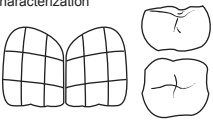
Prescription Date:

Pickup Date	year	month	date
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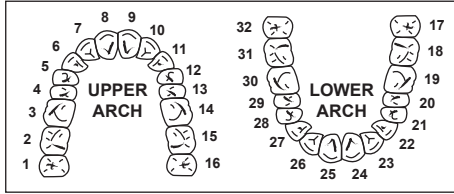
Prescription Due Date:

Due Date	year	month	date	am	pm
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Patient Shade:

Shade	
Characterization	Translucency
	yes <input type="checkbox"/> no <input type="checkbox"/> Shade tab/picture enclosed yes <input type="checkbox"/> no <input type="checkbox"/>

Please indicate tooth/teeth to be restored: (Please circle)



Pontic Design:

Hygienic 	Cone 
Harmony 	Ridge Lap 

Please Choose:

Porcelain to Metal	All Metal Crown	Occlusal Surface	Occlusal Staining	Labial Margin	All Ceramic	Misc.
non precious <input type="checkbox"/>	56% au <input type="checkbox"/>	metal island <input type="checkbox"/>	no occ. stain <input type="checkbox"/>	porc to margin <input type="checkbox"/>	IPS empress eris TM <input type="checkbox"/>	diag. wax-up <input type="checkbox"/>
semi precious <input type="checkbox"/>	75% au <input type="checkbox"/>	porcelian <input type="checkbox"/>	light <input type="checkbox"/>	metal collar <input type="checkbox"/>	IPS empress TM <input type="checkbox"/>	custom temp <input type="checkbox"/>
precious <input type="checkbox"/>	non precious <input type="checkbox"/>	metal <input type="checkbox"/>	medium <input type="checkbox"/>	porc butt margin <input type="checkbox"/>	porcera TM <input type="checkbox"/>	other <input type="checkbox"/>
high noble <input type="checkbox"/>	white s/p <input type="checkbox"/>	metal lingual <input type="checkbox"/>	heavy <input type="checkbox"/>		in-ceram TM <input type="checkbox"/>	
	semi precious <input type="checkbox"/>				finesse <input type="checkbox"/>	
	precious <input type="checkbox"/>				other <input type="checkbox"/>	

Implants:

Brand Name	Size	Diameter
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Further Instructions:

Please Send:

shipping labels <input type="checkbox"/>	boxes <input type="checkbox"/>	lab slips <input type="checkbox"/>
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Doctor's Signature _____

Licence No _____