



DOCTOR INFORMATION

Date: _____

Dr. Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Patient Name: _____ Age: _____ Male Female

SPECIAL INSTRUCTIONS

Request Return Date: _____ Time: _____ Please Call Please Text _____

CROWN & BRIDGE

ALL CERAMIC
IPS e.max Press/CAD

ZIRCONIA
Monolithic*
Multi-Layered

TOOTH SHAPE
Maintain Existing
Match Photos
Follow IO Mockup
Make Ideal

IF NOT ENOUGH OCCUSAL CLEARANCE
Reduce Opposing Reduce Prep

CERAMIC SHADE INSTRUCTIONS

SHADE GUIDE USED
Vita Classic Chromoscope
Vita 3-D Other: _____
Final Shade: _____ Stump Shade: _____

OCCUSAL STAINING
None Light* Medium Heavy

PONTIC DESIGN
High Water Hygienic
Full Ridge Lap Ovate
Modified Ridge Lap*

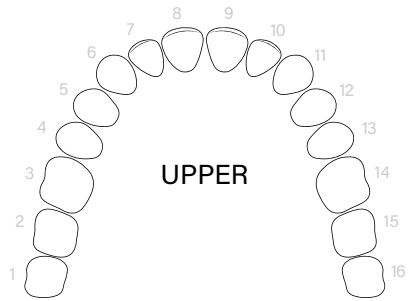
RIDGE RELIEF
None Slight* Medium Heavy

REMOVABLES

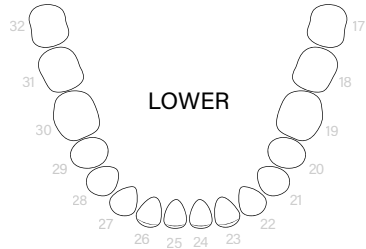
*Standard unless otherwise specified.

FLEXIBLE PARTIAL

Valplast* Duraflex



Indicate Proper Tooth Number(s) by Checking Boxes on Chart



SIGN & COMPLETE

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5% per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms. *Each prescription must be completed and signed.*
X

Doctor Signature _____ License Number _____

PRINT TWO COPIES OF THE COMPLETED SCRIPT—KEEP ONE AND SEND ONE WITH YOUR CASE

NOTES / INSTRUCTIONS:
