

KINGS HIGHWAY

dental laboratory

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Rx

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DR. _____ DATE _____

OFFICE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENTS NAME _____

CHART # _____ RETURN DATE _____

SPECIFIC INSTRUCTIONS:

SHADE

CROWN & BRIDGE

- ☐ NON PRECIOUS ☐ CAST POST
- ☐ SEMI PRECIOUS ☐ FULL CAST
- ☐ EMAX
- ☐ ZIRCONIA (PORCELAIN FINISH)
- ☐ ZIRCONIA SOLID
- ☐ TEMPORARY
- ☐ VENEERS
- ☐ TRY IN ☐ BISQUE ☐ FINISH
- ☐ BRIDGE ☐ SINGLES

IMPLANTS

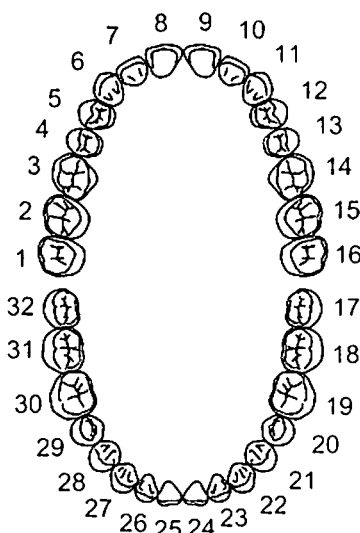
- ☐ PREP STANDARD ABUTMENT
- ☐ CUSTOM ABUTMENT

DENTURES

- ☐ CAST PARTIAL ☐ CUSTOM TRAY
- ☐ VITALLIUM (Additional) ☐ BITE BLOCK
- ☐ VALPLAST
- ☐ FLEXITE
- ☐ ACRYLIC
- ☐ FLIPPER
- ☐ PARTIAL ☐ FULL
- ☐ UPPER ☐ LOWER
- ☐ FRAME ☐ SET-UP ☐ FINISH

FOR ALL OTHER RESTORATIONS PLEASE
DETAIL ON THE Rx

DR.'S SIGNATURE _____



FOR OFFICE USE

- ☐ Triple Tray
- ☐ Single Tray
- ☐ Bite
- ☐ Alginate
- ☐ Counter
- ☐ Partial
- ☐ Implant Parts