



Patient: _____

Doctor: _____

Male Female

Doctor's phone: _____

RX date: _____

Age: _____

Office: _____

DUE date: _____

Teeth: _____

Phone: _____

Email: _____

Ship to: _____

CROWNS/BRIDGES RX

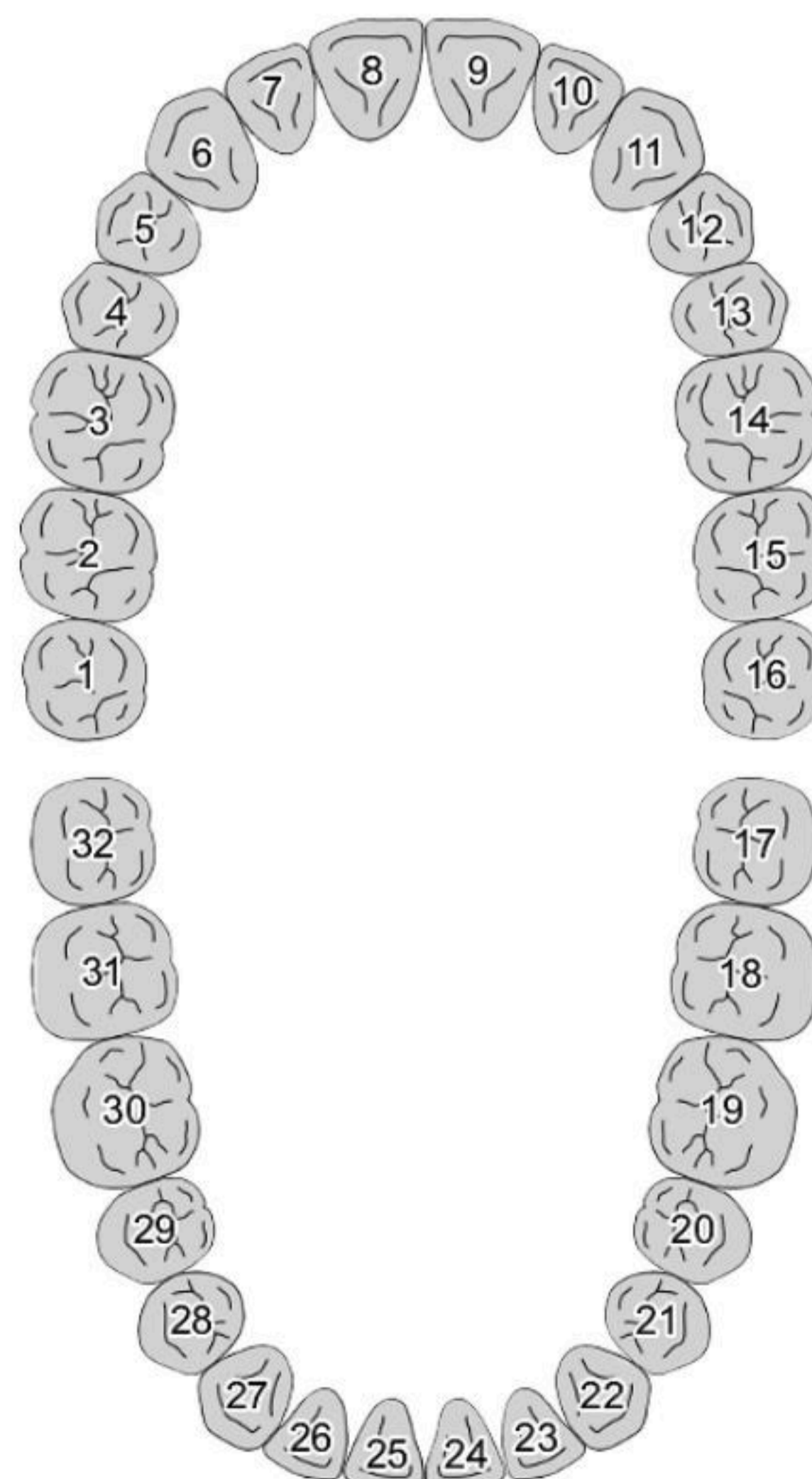
- Full Zirconia
- Full Zirconia Multilayered
- Layered Zirconia
- Ips Emax CAD Full crown/veneer
- PMMA
- Aesthetic PMMA
- Diagnostic Wax-Up

Shade guide: _____

Shade: _____

Stump shade: _____

Will provide pictures



Instructions

Fully completed RX instructions
reduce a turnaround time

We also accept digital cases from any digital platforms.