AQUAMARINE
DENTAL ARTS

RX date: _____

DUE date: _____

Patient: _____

Male ☐ Female ☐

Age: _____

Teeth: _____

Doctor: _____

Doctor's phone: _____

Office: _____

Phone: _____

Email: _____

Ship to: _____

IMPLANT RX

- ☐ Implant Complete Hybrid
- ☐ Implant Complete Copy Mill
- ☐ Screw-retained Full Zirconia
- ☐ Screw-retained Full Zirconia Multilayered
- ☐ Screw-retained Layered Zirconia
- ☐ Cementable Full Zirconia
- ☐ Cementable Layered Zirconia

Implant Brand: _____

Implant Model: _____

Implant Diameter: _____

Scanbody Brand: _____

Scanbody Reference # : _____

Parts enclosed: _____

_____

_____

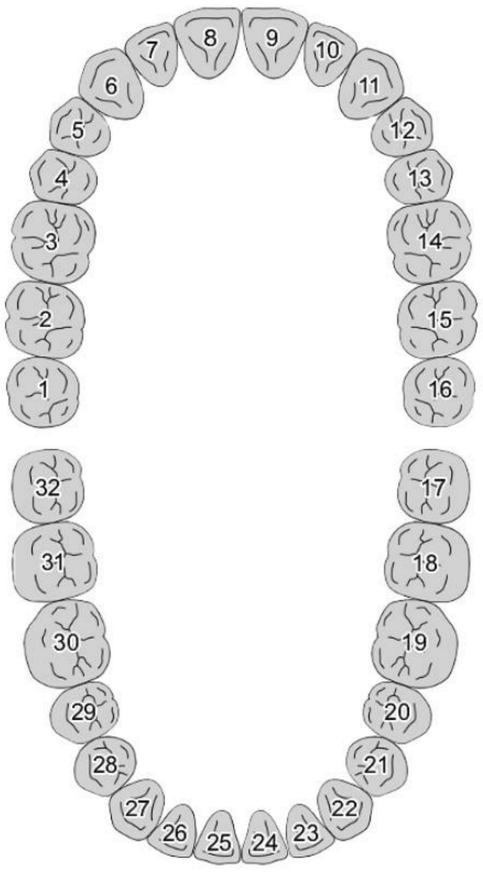
_____

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.

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