Dental Laboratory Prescription

445 Park Ave, Revere, MA 02151 | 781.853.0777
Rx and scans: dentalcreationscad@gmail.com | Inquiries: ron@dentalcreations.net

DOCTOR AND PRACTICE

Doctor | Practice | License #

Phone | Email | Practice address

PATIENT AND CASE

Patient name or ID | Date sent | Date needed

- [ ] Rush (call to confirm)
- [ ] Try-in / bisque bake

TEETH (UNIVERSAL NUMBERING)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Upper arch (1-16) above, lower arch (32-17) below, as viewed facing the patient.

RESTORATION TYPE

- [ ] Single crown
- [ ] Bridge
- [ ] Veneer
- [ ] Inlay / onlay
- [ ] Implant crown
- [ ] Implant bridge
- [ ] Custom abutment
- [ ] Night guard

MATERIAL

- [ ] Zirconia (monolithic)
- [ ] Zirconia (layered)
- [ ] E.max
- [ ] PFM
- [ ] Full cast / gold
- [ ] Lab to advise

Alloy / brand preference

SHADE

Target shade | Stump shade | Shade guide used

- [ ] Request shade appointment

IMPLANT DETAILS

System | Platform / connection

- [ ] Screw-retained
- [ ] Cement-retained
- [ ] Scan body scan sent
- [ ] Components enclosed

CONTACTS, OCCLUSION AND INSTRUCTIONS

Special instructions

ENCLOSED / SENT

- [ ] Digital scan
- [ ] Impression
- [ ] Opposing
- [ ] Bite
- [ ] Photos
- [ ] Models

Doctor signature | Date