

LABORATORY PROCEDURE PRESCRIPTION



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Lab use only:

S.C. Cert. # 456

#DL10927

DR. _____ LICENSE # _____

ADDRESS: _____

PATIENT: _____ SHADE _____

PREP. DATE: _____ DUE DATE _____

SHADING



TYPE OF RESTORATION

EMPRESS ESTHETIC
E-MAX
E-MAX ZIR PRESS
PORCELAIN TO METAL
PORCELAIN BUTT MARGIN
PORCELAIN LAMINATES
PORCELAIN INLAY/ONLAY
FULL CAST CROWN/INLAY

TYPE OF ALLOY

Gold- YELLOW
WHITE
SEMI-PRECIOUS
NON-PRECIOUS

CAD-CAM ZIRCONIA FRAME

LAVA ESPRITDENT
WILL-CERAM Z

SPECIAL INSTRUCTIONS BELOW

Note: Please send a study model on all work involving anterior teeth

DR'S SIGNATURE: _____ DATE: _____

RETURN CASE AS: METAL TRY-IN BIS-BAKE FINISH

ALL ACCOUNTS DUE BY THE 15TH OF THE MONTH.