



RICHARD'S DENTAL CERAMICS

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LABORATORY PRESCRIPTION

REQUIRED INFORMATION

Doctor	Address		
Patient Name	City	State	ZIP
Today's Date	Phone Number		
Due Date (by 5:00pm)	Signature		

CASE MATERIALS ENCLOSED

Impressions
 Bite Registration
 Models
 Implant Parts

SUPPLY REQUESTS

Rx Form
 Shipping Labels
 Boxes
 Other _____

SUPPLY REQUESTS

Select Type: Framework
 Partial

Select One: Cast
 Flexible (TCS)
 Acrylic
 Flexible w/ Cast Frame

Select Metal (if applicable):
 Chrome Cobalt Vitallium 2000 +

Select Stage: Complete (One Step)
 Set-Up
 Process/Finish
 Frame & Set-Up
 Frame w/ Bite Rim

DENTURES

Select Type: Full
 Immediate

Select Stage:
 Complete (One Step) Wax Bite Rim
 Set-Up Process/Finish

ORTHODONTIC GUARDS

Select Type: Night Guard Athletic

Select One:
 Hard Hard/Soft Soft

REMOVABLE EXTRAS

Custom Tray Rebase
 Hard Reline Soft Reline

CROWN & BRIDGE

Select One: Crown Bridge
 Inlay/Onlay Veneer Coping

Select Type: PFM (non-precious)
 PFM (semi-precious)
 Full Cast Crown

Select Alloy (if applicable)
 Non-Precious
 Semi-Precious
 Noble Yellow
 White Gold (high noble)
 Yellow Gold (high noble)

Full Contour Zirconia
 Layered Zirconia (PFZ)

Emax CAD Emax Press Empress

Implant (if applicable)


Abutment: Stock Custom Supplied

Size: _____

Manufacturer: _____

DESIGN & INSTRUCTIONS

Tooth # _____ Shade: _____ Stump Shade _____

Gingival  Tissue Shade:
 Pink
 Light Pink
 Mehary

