NSW Dental Laboratory

RX FORM

DENTIST INFO

Group / Practice Name: _____

Dentist Name: _____

PATIENT INFO

First name: _____ ◉ Female

Last name: _____ ○ Male

RX DATE

Patient Appointment _____

FIXED RESTORATION

DESIGN

☐ Crown ☐ Inlay/Onlay
☐ Bridge ☐ Post & Core
☐ Veneer

TYPE OF RESTORATION

☐ Full Zirconia
☐ High Translucent Zirconia
☐ Multi-Layered Zirconia
☐ Emax
☐ PFZ
☐ PMMA
☐ Full Metal
☐ PFM

TYPE OF METAL

☐ Non Precious
☐ Semi-Precious
☐ High Noble

IF NO OCCLUSAL CLEARANCE

☐ *Reduction Coping*
☐ *Adjust Opposing*
☐ *Email*

OCCLUSAL CONTACT

Heavy ☐ Light* ☐ No ☐

PONTIC DESIGN

☐ ☐ ☐ ☐ ☐

IMPLANT

☐ Implant Bundle: ◉ Implant Crown: ○ Zirconia ○ PFZ ○ PMMA ○ Customized Abutment: ○ Genuine Components ○ GEO Medi

Features: ◉ Screw Retained ○ Cement Retained

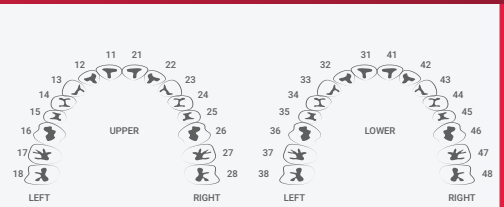
Platform :..... System:.....

☐ Surgical Guide

COSMETIC & DESIGN SERVICES

☐ Digital Design
☐ Exaclear Stent
☐ Printed Model required
☐ Putty Key

TOOTH NUMBER(S)



SHADE

DESIRED _____

STUMP _____

SPECIAL INSTRUCTIONS

ENCLOSED WITH CASE

_____ MODEL
_____ SHADE TAB
_____ BITE
_____ IMPRESSIONS
_____ PHOTOS
_____ METAL TRAYS
_____ TEETH
_____ ARTICULATOR

OTHER _____

☐ Call me

OUT-SOURCING **10-DAY** TURNAROUND

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