Design. Deliver. Support

Laboratory Procedure Prescription

Doctor Name_____ (Last / First)
Practice Name_____
Full Address_____
Phone_____

Patient Name_____ (Last / First)
Patient Chart #_____ ☐M ☐F
Rx Date_____ Due Date/Delivery on_____
☐Rush Case (fee applies) Is this case a Remake? ☐Yes ☐No

Remake Reason (if applicable)_____
Tooth Shade_____ (Required) Shade Guide_____ (Vita is default)
Stump Shade_____ (Required for E.MAX) Pink Tissue Shade_____

Crown & Bridge Rx

Complete the left side of the Rx, where applicable, for fixed cases.

Please CIRCLE single units and BRACKET splinted units

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

All Ceramic

☐Solid Zirconia** (posterior)
☐High Translucent** (anterior)
☐Lithium Disilicate
☐Solid lingual w Porcelain facial
☐Layered Zirconia
☐IPS Emax
☐Diagnostic Wax Up
☐Temporary PMMA

PFM

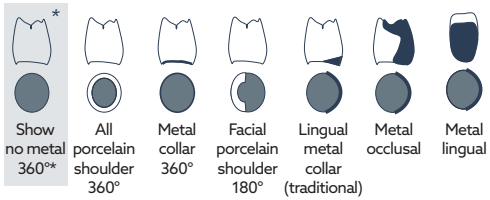
☐High Noble White**
☐High Noble Yellow
☐Noble/Semi Precious
☐Base/Non-precious

Full Cast

☐High Noble White **
☐High Noble Yellow
☐Noble/Semi Precious
☐Base/Non-precious
☐FC Noble 2%

MARGIN DESIGN

Please circle your choice(s) of margin combination



IF INSUFFICIENT ROOM

☐Trim opposing**
☐Call to discuss
☐Metal occlusal
☐Reduction coping
☐Resin**
☐Metal
☐Metal island
☐Trim prep no coping

OCCLUSAL CONTACT

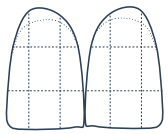
☐Light**
☐Open
☐Tight

INTERPROXIMAL CONTACT

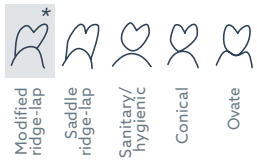
☐Light**
☐Medium
☐Heavy

CROWN DESIGN

Characterization



Pontic Design



Return for

☐Finish**
☐Die trim
☐Bisque
☐Metal try-in

Restoration

☐Crown ☐Veneer
☐Bridge ☐Inlay/Onlay
☐No-prep veneer ☐Implant
☐Post & Core

☐Rest Seats (specify):_____

☐Crown under partial (specify):_____

Please provide a bite and an opposing with the case. Email photos to: info@dobestdental.com

*The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by DBS Lab in the event the account is sent to collections or litigation.

****Default material if an option is not selected**

Removable Prosthetics Rx

Complete the right side of the Rx, where applicable, for removable cases.

Choose Case Type

☐Full Denture ☐Partial ☐Unilateral
☐Immediate ☐Flipper

Choose Arch

☐Upper ☐Lower ☐Both

Teeth Type

☐Elite** ☐Premier (Fee applies)

Choose Stage

☐Custom Tray
☐Cast Metal Framework
☐Base Plate
☐Occlusal Rim
☐Try In**
☐Finish
☐Repair
☐Reline
☐Rebase

Choose Material

☐Acrylic**
☐Metal
☐CustomFlex Partial
☐Valplast Partial
☐Chrome Cobalt**
☐Vitallium

Add On

☐Patient ID
☐Cosmetic Clasp
☐Wire Mesh
☐Wire reinforcement
☐Metal mesh
☐Soft liner

Acrylic Shade

☐Lucitone 199**
☐Light Meharry
☐Light Pink
☐Meharry

Nightguard

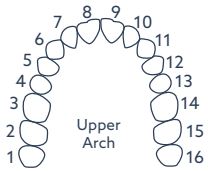
☐Upper** ☐Lower
☐Flexiguard (hard/soft)** ☐Hard ☐Soft

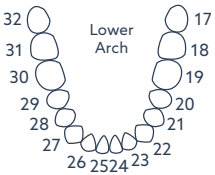
Partial Design

☐Horseshoe palate (upper)
☐Full palatal metal coverage (upper)
☐A-P strap (upper)
☐Lingual bar (lower)

Extract Now

☐Yes ☐No





Dentist Signature_____ (Required)
Dentist License #_____ (Required)

Rx Specific Instructions