

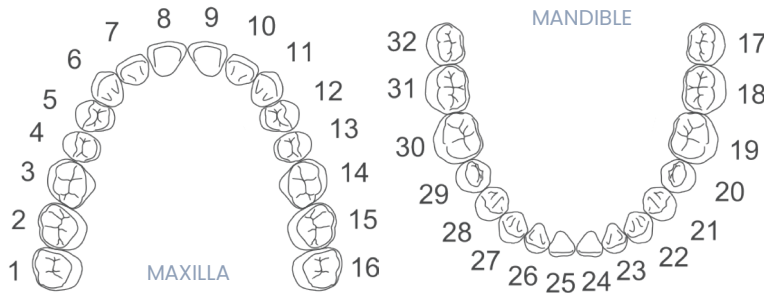


FIXED RX FORM

Rx Date		Due Date	
Doctor's Name		Phone Number	
Doctor's Address		M / F	
Patient Name		Sex	

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

DESIGN YOUR CASE HERE



ALL CERAMIC

Zirconia

- Crown
- Full Contour (Stain/Glaze)
- Bridge
- Layered (Premium)

e.max

- Veneer
- Full Contour (Stain/Glaze)
- Inlay / Onlay
- Layered (Premium)

SHADING CHART

Shade of Prepared Teeth:

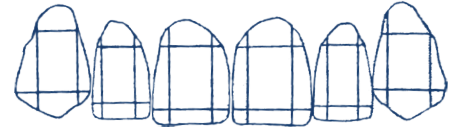
Shade Desired:

Value:

- High (Bright)
- Medium
- Low

Occlusal Stain:

- None
- Light
- Medium
- Heavy



IMPLANT RESTORATIONS

- Screw Retained
- Hybrid Abutment
- Cement Retained
- Zirconia
- IPS e.max
- PFM

Platform Size _____

Implant Manufacturer _____

PFM

PFM

- PFM (NP)
- PFM (S/P)
- PFG High Noble Yellow (74%)
- PFM High Noble White

Try-In: Framework Bisque

Full Cast Alloy

- Non Precious (Silver)
- Semi-Precious (Silver)
- Au High Noble (White)
- Gold 2%
- 40% (Yellow)
- 60%

PONTIC DESIGN

- Full Ridge
- Partial Ridge
- No Ridge
- Bullet

PATIENT RECORDS

Sending Patient Photos

IMPORTANT

Please send all patient photos to pics@vitaldentallab.com with the patient's name in the subject heading.

NOTES



Made in the USA

DR SIGNATURE: _____

LICENSE #: _____

PLEASE SEND: RX BOXES



Buffalo, NY

REV.071824.01