

# FIXED Prescription Form



www.rdentlab.com • (P) 901.372.8020 • (F) 901.372.8617

**\*ALL FIELDS MARKED IN YELLOW ARE REQUIRED\***  
Incomplete forms will automatically be put on hold

Doctor \_\_\_\_\_

Office Location \_\_\_\_\_

Patient Name \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

Telephone \_\_\_\_\_ Gender \_\_\_\_\_

Date Sent \_\_\_\_\_

Photos emailed to pictures@rdentlab.com

**1. Select One Type of Delivery:**

<input type="checkbox"/> DELIVER CASE BEFORE PATIENT APPOINTMENT Date of Patient Appt. ____/____/____ Time of Patient Appt. ____:____	<input type="checkbox"/> FOLLOW IN-LAB SCHEDULE (Patient will be appointed after receiving case).
---	--

**2. Check Box To Specify Type Of Case**

<input type="checkbox"/> RUSH per _____	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Remake	<input type="checkbox"/> Implant
---	------------------------------	---------------------------------	---------------------------------	----------------------------------

**3. Check Box To Pick Your Product**



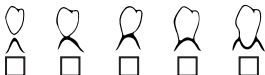
ALL-CERAMIC	PORCELAIN-FUSED-TO-METAL	MISCELLANEOUS
<input type="checkbox"/> INfinite™ Layered Zirconia <input type="checkbox"/> INspire™ HS (High-Strength) Full-Contour <input type="checkbox"/> w/Cutback and Layer <input type="checkbox"/> *INspire™ UT (Ultra-Translucent) Full-Contour <input type="checkbox"/> *e.max Full-Contour <input type="checkbox"/> w/Cutback and Layer <input type="checkbox"/> *e.max Veneer	<input type="checkbox"/> Base Metal White <input type="checkbox"/> Noble White <input type="checkbox"/> High-Noble White <input type="checkbox"/> High-Noble Yellow	<input type="checkbox"/> Diagnostic Wax-Up <input type="checkbox"/> Temporary Crown/Bridge <input type="checkbox"/> Ceramage Composite <input type="checkbox"/> Other _____
SCREW-RETAINED	FULL CAST CROWN	IMPLANT ABUTMENT
<input type="checkbox"/> e.max Screw-Retained <input type="checkbox"/> NobelProcera® ASC <input type="checkbox"/> NobelProcera® FCZ <input type="checkbox"/> INspire™ HS Screw-Retained <input type="checkbox"/> PFM Screw-Retained: <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble	<input type="checkbox"/> Base Metal White <input type="checkbox"/> Base Metal Yellow <input type="checkbox"/> Noble White <input type="checkbox"/> Noble Yellow <input type="checkbox"/> High-Noble Yellow	<input type="checkbox"/> Stock <input type="checkbox"/> Custom Milled Zirconia <input type="checkbox"/> Custom Milled Titanium <input type="checkbox"/> Custom Cast Abutment <input type="checkbox"/> Brand Pref. _____

**4. Customize Your Product**

Shade: _____	Single Tooth Number(s): _____
*Stump Shade: _____	Bridge Tooth Number(s): _____

**\*STUMP SHADE REQUIRED FOR ALL INSPIRE UT & EMAX PRODUCTS**

**5. Design Your Product (Optional):**

<p><b>COLOR MAPPING</b></p>  	<p><b>COLOR MAPPING</b></p> <p>Incisal Translucency <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p> <p>Cervical Warming <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p> <p>Surface Texture <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p> <p>Occlusal Stain <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p> <p>Degree of Hypocalcification <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p> <p>Mammelons <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> None</p>
<p><b>PONTIC DESIGN</b></p> 	

Additional Instructions (Use back if needed) \_\_\_\_\_

Doctor Signature \_\_\_\_\_

License # \_\_\_\_\_