

# FIXED Prescription Form



www.rdentlab.com

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

Photos emailed to pictures@rdentlab.com

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

Doctor \_\_\_\_\_

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

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

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

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

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

RUSH per \_\_\_\_\_  New  Repair  Remake  Implant

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

ALL CERAMIC	PORCELAIN FUSED TO METAL	MISCELLANEOUS
<input type="checkbox"/> Infinite Layered Zirconia <input type="checkbox"/> Zirlux FC <input type="checkbox"/> Zirlux FC w/Cutback and Layer <input type="checkbox"/> Zirlux FC (Screw Retained) <input type="checkbox"/> *Inspire Extreme Translucent FCZ <input type="checkbox"/> *Emax Press Full Contour <input type="checkbox"/> *Emax Press Full Contour with Cutback and Layer <input type="checkbox"/> *Emax Press (Screw Retained) <input type="checkbox"/> *Emax 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"/> PFM (Screw Retained) <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble	<input type="checkbox"/> Diagnostic Wax-Up <input type="checkbox"/> Temporary Crown/Bridge <input type="checkbox"/> Ceramage Composite <input type="checkbox"/> Other _____
	FULL CAST CROWN	IMPLANT ABUTMENT
	<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, EMAX, EMPRESS & LAVA ULTIMATE 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 # \_\_\_\_\_

Terms: Invoices are due in full net 30 days from invoice date. If not paid in 30 days, account is subject to 1.5% finance charge per month of unpaid balance (approximately 18% annual percentage rate). If not paid within 60 days, attorney fees, cost of collection and continuing interest shall be added.