STUDIO
Dental Laboratory

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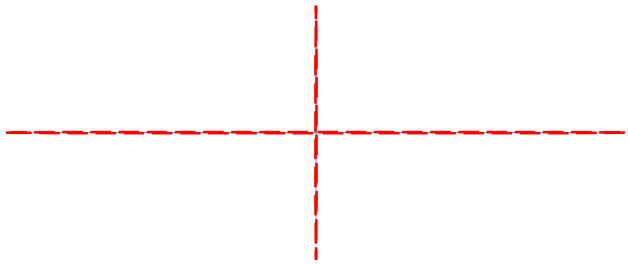
Prescription Form

Patient Name	

Dentist	
Impression Date	
Return Date	

Notation



Type Of Restoration			
PFM	☐	PFM bridge	☐
EMAX crown	☐	EMAX inlay/onlay	☐
Veneer	☐	Screw retained implant	☐
Cement retained implant	☐	Diagnostic waxup	☐

Case Instructions

Shade

Enclosed							
Bite Register	☐	Models U/L	☐	Email/Photos	☐		
Impressions U/L	☐	Face Bow	☐	Components	☐		