PREP DATE: ____________________

DATE NEEDED: ____________________

SPECIFY TIME NEEDED: ____________________

(Please follow our monthly delivery schedule)

DR: ____________________ **PATIENT:** ____________________

TEETH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NUMBERS	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DIGITAL IMPRESSION ❑ **SYSTEM USED** ____________________

METAL FREE	❑ LAB TO USE BEST MATERIAL FOR STRENGTH AND ESTHETICS	
	❑ ENVISION ZIRCONIA	❑ ENVISION VENEER/INLAY
	❑ ADZIR ZIRCONIA	❑ E*MAX VENEER/INLAY
	❑ E*MAX DISILICATE	❑ FELDSPATHIC VENEER
PFM ALLOY TYPE	❑ POSTERIOR FLAT RATE NOBLE PFM - ONLY SINGLE UNITS	
	❑ WHITE NOBLE	❑ YELLOW HIGH NOBLE
	❑ WHITE HIGH NOBLE	❑ BASE / NON-PRECIOUS
PFM MARGIN TYPE	❑ LINGUAL METAL COLLAR SHOW NO METAL ON FACIAL	
	❑ 360° SHOW NO METAL	❑ FACIAL PORCELAIN BUTT
	❑ 360° METAL COLLAR	❑ LING. SCALLOP DESIGN
SPECIALTY CASES	❑ METAL OCCLUSAL	❑ EXISTING PARTIAL
	❑ SURVEY CROWN	❑ CROWN WITH REST
FULL CAST CROWNS	❑ POSTERIOR FLAT RATED NOBLE FULL CAST YELLOW	
	❑ 40% YELLOW GOLD	❑ NON-PRECIOUS YELLOW GOLD
	❑ 60% YELLOW GOLD	❑ WHITE NOBLE ALLOY
	❑ 80% YELLOW GOLD	❑ WHITE HIGH NOBLE ALLOY
IMPLANT PLATFORM	COMPANY: ____________	IMPLANT SIZE: ____________
PATIENT INFO	❑ SHADE PICS SENT TO patientshades@absolutedentalservices.com	
	❑ PATIENT TO CALL LAB	
	❑ MALE	SHADE: ____________
	❑ FEMALE	AGE: ____________
CONTACT DDS	❑ TECHNICIAN TO CALL REGARDING CASE	

SPECIAL INSTRUCTIONS: ____________________

Perfection is not optional!

____________________ ____________________

DENTIST SIGNATURE **DENTIST LICENSE**

2513 Delaney Avenue | Wilmington, NC 28403

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed.