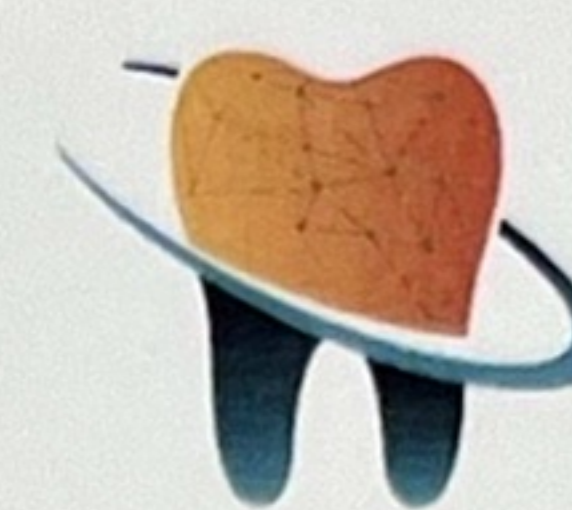


ELECTRIC ARTS

DENTALLAB

4403 Menchaca Rd. Ste. D Austin, TX 78745
 info@electricartsdentallab.com | www.electricartsdentallab.com
 (512) 615-3544



Dental Office _____ RX Date _____
 Doctor Name _____ Return Date _____
 Month/Day Month/Day/Before 4pm

Patient Name _____ DOB _____ Gender _____

RESTORATION TYPE ALL CERAMIC FULL CAST

Crown/Bridge	Solid Zirconia	Non-precious
Implant	Emax Full Contour	Noble
Veneers	Layered Zirconia	High Noble
Inlay/Onlay	CEREC Tessera	PFM
Temporary	CEREC DUO	Non-precious
	PMMA Temporary	Noble
		High Noble

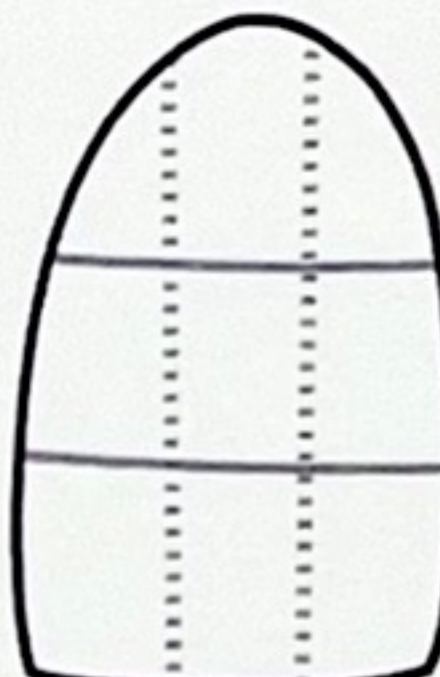
CUSTOM IMPLANT ABUTMENTS

Screw Retained _____
 Cemented _____
 Titanium
 Zirconia
 Gold Hue
 Implant Type _____
 Platform Size _____
 Seating Jig _____

SHADING

Occlusal Stain >
 None Shade _____
 Light Stump Shade _____
 Medium Shade _____
 Dark Custom Shade _____

Translucency High Low



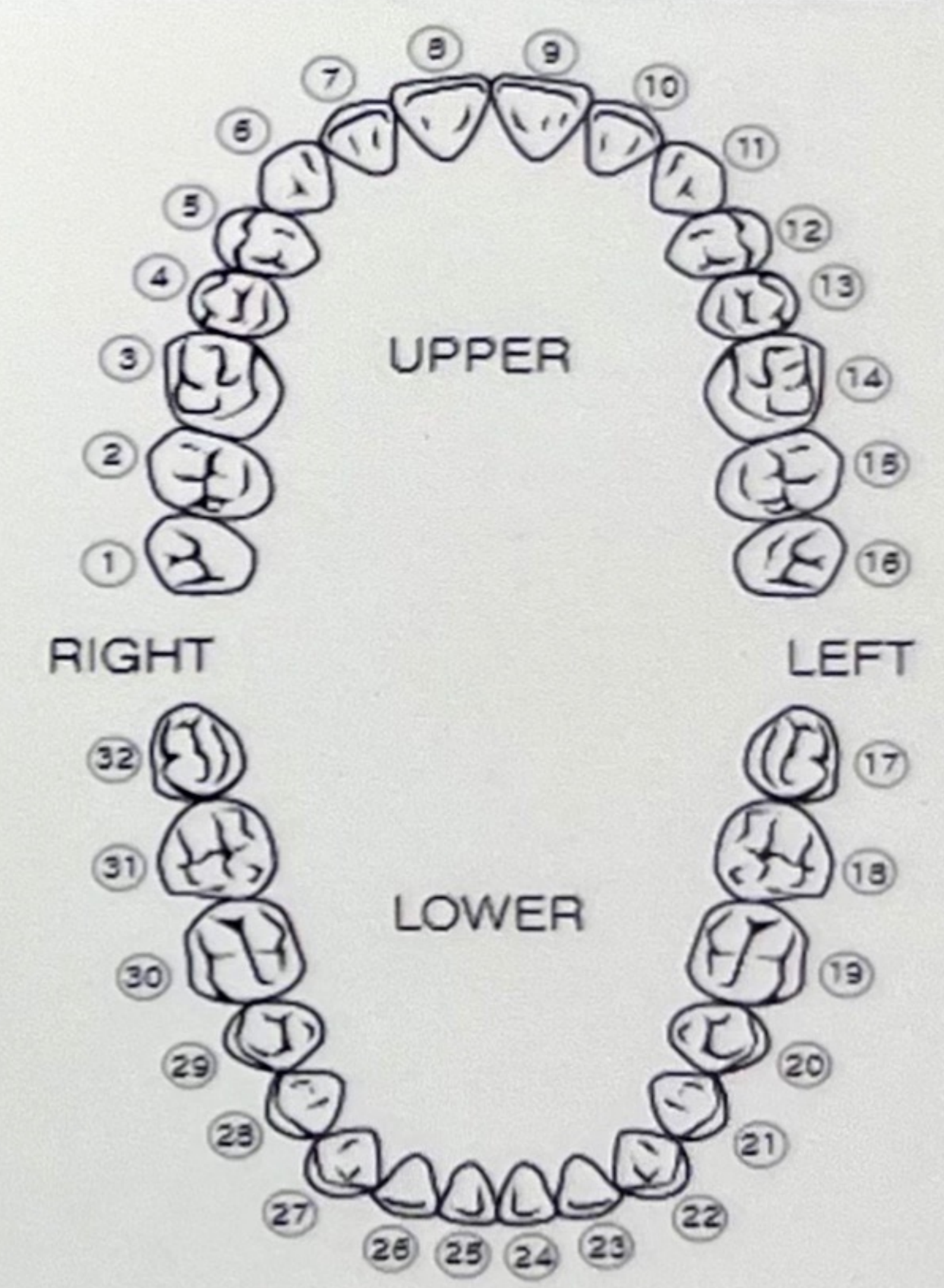
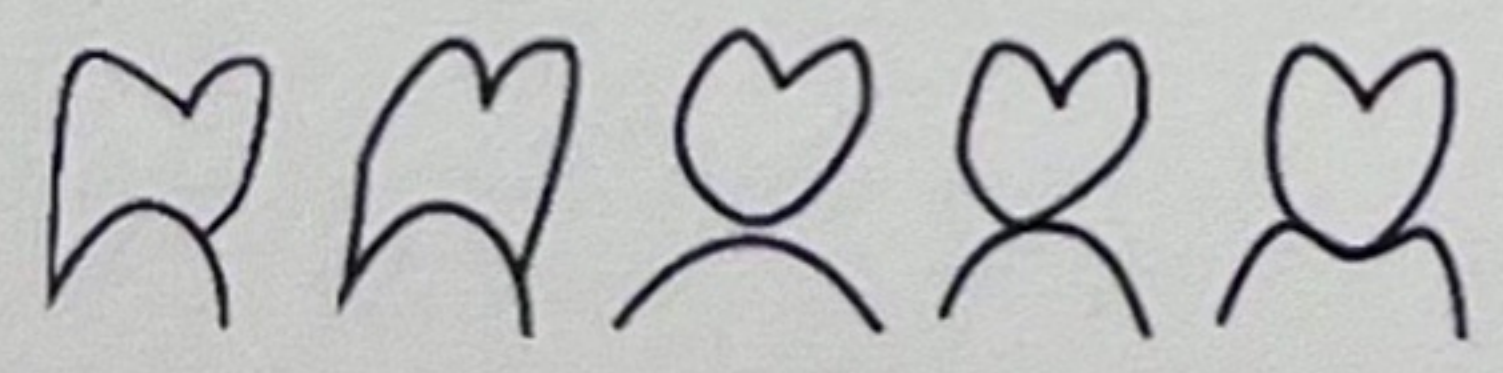
REMOVABLE MISCELLANEOUS

Fluoride Tray Custom Tray Clear Retainer Other:
 Bleaching Tray Night Guard Diagnostic Wax Up

RX SPECIFIC INSTRUCTIONS

PREFERENCES

Interproximal Contact	Pontiac Design	If Insufficient Room
Light	Modified Ridge-lap	Trim Opposing
Medium	Saddle Ridge-lap	Reduce Coping
Heavy	Sanitary	Send back for re-prep
Occlusal Contact	Conical	
Light	Ovate	
Medium		
Heavy		



ENCLOSED WITH CASE

Doctor License No. _____

Doctor Signature _____