DR'S NAME _____ DR'S PHONE _____

ADDRESS _____ City _____ State _____ Zip _____

PATIENT (Last) _____ (First) _____ Age _____ Sex _____

Date Sent _____ Delivered by 5:00 pm on: _____ Email _____

☐ Dr Trim ☐ Try-In ☐ Finish


expertec Dental Laboratory, Inc.
*Creating a Lifetime of Smiles*

200 N. Wayne Road, Westland, MI 48185
888.875.6011 • 734-641-9999
(Fax) 248-694-0932
expertecdental@gmail.com
www.expertecdental.com


# Rx PRESCRIPTION

## FIXED PROSTHETIC

### Metal Free Restoration - Zirconia
- ☐ Full Z™ (Monolithic solid Zirconia)
- ☐ Full Z 3D™ (Multi-colored Monolithic Solid Zirconia)
- ☐ Znamel™ (Micro Layered Enamel to Zirconia)
- ☐ PFZ (Layered Porcelain Fused to Zirconia Coping)
- ☐ Zr.maxx™ (Monolithic Translucent Zirconia Crowns)
- ☐ e.max® (Monolithic Crowns/Inlays/Veneers)
- ☐ e.max® (Micro Layered Crowns/Veneers)
- ☐ Nano Composite Restorations (Crowns/Inlays/Veneers)

### Porcelain Fused to Metal
- ☐ High Noble (White)
- ☐ Noble (White)
- ☐ Porcelain-to-margin
- ☐ Porcelain Butt Margin (90°shoulder prep required)
- ☐ Lingual Collar_____mm
- ☐ Buccal Collar_____mm

### Full Cast Crown(s)
- ☐ High Noble (Yellow)
- ☐ Noble (Yellow)
- ☐ Noble (White)

### Diagnostic Services
- ☐ White Wax
- ☐ Duplicate Wax Up
- ☐ Prep Model
- ☐ Clear Temporary Stent
- ☐ Temorary Putty Matrix
- ☐ Provisionals

### Implant Restoration
Implant Brand _____

Platform Size _____

CAD Custom Abutment (includes gold hue at no charge) ☐ Titanium ☐ Zirconia Hybrid (with Titanium Interface)

**Abutment Choice** ☐ Generic ☐ Name Brand

**Crown** ☐ Screw Retained ☐ Cementable

### Implant Parts Enclosed
- ☐ Impression Coping
- ☐ Lab Analog
- ☐ Abutment
- ☐ Screw

### Provisionals
- ☐ PMMA Temp
- ☐ Heat Cured Acrylic
- ☐ Wire Reinforced
- ☐ Nano Composite

Abutment #s _____

Pontic #s _____

Total Units _____

### Enclosed With Case
- ☐ Photo (emailed)
- ☐ Study Model
- ☐ Shade Tab
- ☐ Articulator
- ☐ Impression
- ☐ Bite
- ☐ Old Crown
- ☐ Ramitec

**Pontic Design** ☐ ☐ ☐ ☐ ☐

☐ Shade Consultation at Lab for Custom Restoration

**Final Desired Shade:** _____

**Prep/Stump Shade:** Required for Metal Free _____

Occlusal Stain:_____ Texture:_____

May we adjust opposing if necessary? ☐ Yes ☐ No

May we adjust preps if necessary? ☐ Yes ☐ No

May we adjust the draw if necessary? ☐ Yes ☐ No

Any future restorative? Describe:_____

☐ Additional instructions on back

## REMOVABLE PROSTHETIC

Shade:_____ Tissue Shade_____ Mould:_____

### Denture
- ☐ Upper
- ☐ Lower
- ☐ Custom Tray
- ☐ Base/Rim
- ☐ Set Up
- ☐ Finish
- ☐ Reline
- ☐ Repair

### Implant Stents
- ☐ Surgical Stent
- ☐ Drilled
- ☐ Undrilled
- ☐ Barium Marker

### Implant Prosthetics
- ☐ Verification Jig
- ☐ Locator™ Implant Overdenture
- ☐ Milled Bar Overdenture
- ☐ Screw Retained Hybrid Overdenture

### Bite Splints
- ☐ Upper
- ☐ Lower

Product
- ☐ Heat & Seat
- ☐ Hard/Soft (2 part)
- ☐ Hard

Style
- ☐ Cuspid Rise
- ☐ Flat Plane
- ☐ Sports Guard

### Partial
- ☐ Vitallium Frame
- ☐ Frame Try-In
- ☐ Frame with Set Up
- ☐ Frame with Occlusion Rim
- ☐ Muco-Dynamic Partial
- ☐ Flexible Partial
- ☐ Unilateral Flexible Partial

### Snore Appliance
- ☐ Respire
- ☐ EMA®
- ☐ Tap®3
- ☐ Herbst

### ORTHODONTICS

**Hawley Retainers**
- ☐ Upper
- ☐ Lower
- ☐ Circumferential
- ☐ Maintenance Plate
- ☐ Locator Retained
- ☐ Invisible (Essix®) Retainer

**Fixed Appliances**
- ☐ Nance Appliance
- ☐ Hyrax Expander
- ☐ Band Loop/Space Maintainer
- ☐ Transplantal Arch
- ☐ Habit Appliance Crib
- ☐ Lingual Arch 6x6

**Clasping**
- ☐ Ball
- ☐ Adams
- ☐ C-Clasp
- ☐ Soldered-C-Clasp

**SEND SUPPLIES:** ☐ CALENDARS ☐ RX ☐ ENVELOPES ☐ OTHER_____

Dentist's Signature_____ License#_____

**PLEASE READ OTHER SIDE BEFORE SIGNING**