

305-826-0007

Laboratory Rx

Practice Name:	Today's Date:
Dr'sName:	
Address:	
	Deliver by 5 p.m. on
Phone #	
Patient's Name:	Last
_	
R _X	
8 9 10 11 (T.)	
5 12 13	
2 15 D	
1 16	
R L 17 (2)	
31 18	
29 25 24 20 (7)	
28 \ 21 \ 21	

Final Shade	
	If No Occlusal Clearance □ Call doctor □ Spot opposing □ Metal occlusion □ Metal island □ Make this a permanent note
Stump Shade Must indicate prepped tooth shade for all-ceramics	Pontic Design
	OcclusalStaining OcclusalStaining OcclusalStaining OcclusalStaining
	ed with Case: Bite Photos Other:
. R	