

Ceramics Dental Lab est. 1986

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Rx Date :

Date Due in Office :

(Deliver By SPM)

Doctor's Name _____ (Please Print)

Doctor's Address _____

Patient's Name _____

M

F

Sex

Age _____

City _____

State _____

Country _____

ALL CERAMIC

- BruxZir
- BruxZir - Anterior
- IPSE.Max
- Lava
- Lumineers
- Zirconia E.Max Layered

PFM

- Non-Precious
- Noble
- White High Noble

TEMP

- PMMA

COMPOSITE

- Ceramage
- Fiber Reinforcement
- Lava Ultimate

PARTIAL

- Flexi

PONTIC DESIGN



CUSTOM ABUTMENTS

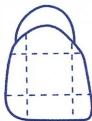
- Titanium
- Zirconia w/ Ti-Base
- Biomet 3i Encode
- Screw Retained

Rx

Tooth# _____

Shade _____

Stump Shade _____



Enclosures Lab use Only

- Photo(s)
- Analog
- Models
- Implant Parts
- Impression
- Bite
- Shade Tab
- Other _____

Please Send

- RX Forms
- Bags

Doctor's Signature _____ Lic. # _____