



# CERAMICS DENTAL LAB est. 1986

3363 NE 163RD STREET #804  
 NORTH MIAMI BEACH, FL 33160  
 TEL: +1 (305) 940-4040 FAX: +1 (305) 940-4047  
 E-MAIL: CARLOSLAB10@YAHOO.COM  
 WEBSITE: CERAMICSDENTALLAB.COM

Rx Date:

Date Due in Office:

(Deliver by 5PM)

Doctor's Name \_\_\_\_\_  
Last First

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Patient Name \_\_\_\_\_  M  F AGE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_



### ALL CERAMIC

- Aesthetic Zirconia
- IPSE.Max
- Lumineers
- Zirconia Porcelain Layered

### PFM / FULL CAST

- Non-Precious
- Noble
- White High Noble
- Yellow High Noble

### IMPLANTS

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

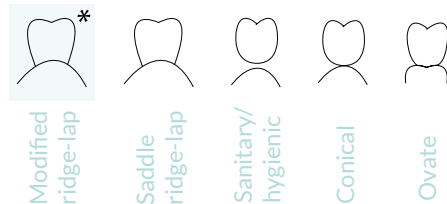
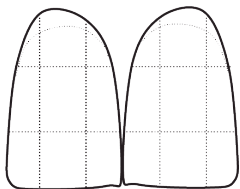
### OTHER

- PMMA
- Ceramage

### CROWN DESIGN

#### Characterizations

#### Pontic Design



Tooth Shade (REQUIRED) \_\_\_\_\_ Tooth Shade (vita is default) \_\_\_\_\_  
 Stump Shade (REQUIRED FOR E.MAX) \_\_\_\_\_ Pink Tissue Shade \_\_\_\_\_

### RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case.  
 Email photos to: [carloslab10@yahoo.com](mailto:carloslab10@yahoo.com)

\*\*The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Ceramics Dental Lab in the event the account is sent to collections or litigation.

Please Send  Rx Forms  Bags

#### Enclosures Lab use Only

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

Dentist signature\*\* \_\_\_\_\_

Dentist license # \_\_\_\_\_