



# CERAMICS DENTAL LAB est. 1986

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NORTH MIAMI BEACH, FL 33160

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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

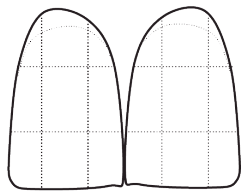
- Titanium
- Zirconia w/ Ti-Base
- Biomet 3i Encode
- Screw Retained

### OTHER

- PMMA
- Ceramage

### CROWN DESIGN

#### Characterizations



#### Pontic Design



Modified  
ridge-lap



Saddle  
ridge-lap



Sanitary/  
hygienic



Conical



Ovate

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 # \_\_\_\_\_