



CERAMICS DENTAL LAB est. 1986

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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

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

PFM

- Non-Precious
- Noble
- White High Noble

TEMP

- PMMA

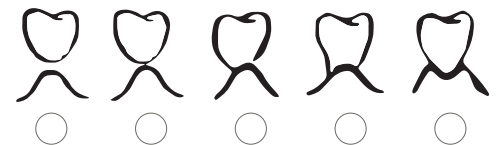
COMPOSITE

- Ceramage
- Fiber Reinforcement
- Lava Ultimate

PARTIAL

- Flexi

PONTIAC DESIGN



CUSTOM ABUTMENTS

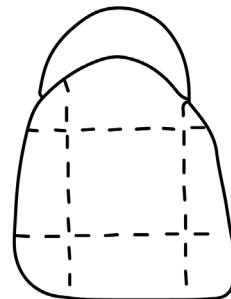
- Titanium
- Zirconia w/ Ti-Base
- Biomet 3i Encode
- Screw Retained



Tooth#

Shade

Stump Shade



Enclosures Lab use Only

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

Please Send

- Rx Forms
- Bags

Doctor's signature** _____ License # _____