

3715 Latrobe Dr. STE 610, Charlotte, NC 28211 704.366.7731 | carolinadentalceramics.com

Fixed Prescription Form

INFORMATION			TOOTH NU	
Patient Name:		Gender: Age:		
Doctor Name:		Acct #:		
Address:		Email:	Š	
License #: Phone:				
PLEASE SEND: Lab Scripts Shipping Boxes Mailing Labels Other:				
RESTORATION TIER			SHADE & N	
Core Premium	☐ Elite Smile			
RESTORATION SELECTIO	N FIXED			
FIXED PRODUCTS: FCZ Full Cast Emax PFM PFZ Veneer	IMPLANTS: Screw Retained Crown Cement Retained Crown	ADDITIONAL SERVICES: KeySplint Soft Nightguard Diagnostic Wax Up		
RESTORATION DESIGN				
	_Shade	Stump Shade		
Lingual Metal Band	360 Metal Band	Porcelain Butt Joint		
PONTIC TYPE *default unless otherwise selected	2 2	Ω Ω		
Mod Ric	dge Lap* Sanitary Bullet	Saddle Ovate	IF NO OCCL Call Doct	
RESTORATIONS SELECTION	ON ABUTMENTS		☐ Metal Oc	
CUSTOM ABUTMENTS: Hybrid Zirconia	Gold / Pink Anodized	Shade	Spot Opp	
☐ Titanium	Cement Retained		SIGN & DAT	
Gold Anodized	Screw Retained		Dr Signature:	

	DUE DATE PATIENT APPT D ENCLOSURES Impressions Models NUMBERS PLEASE	Bites Facebow	
TOOTH		32	LOWER 17
SHADE	6 7 8 9 10 11 5 12 4 13 13 14 15 1 UPPER 8 NOTES	31 30 5 30 5 29 28 16 27	20 21 26 25 24 23
SHADE	& NOTES		
Call C	CCLUSION CLEARA Doctor I Occlusion / No Laye		SHADE
	Opposing		
SIGN & D	DATE		
Dr Signat	ure:		Date: