Laboratory Prescription Form

PFD DIGITAL LAB

(727) 940-7099 | (855) 500-6731 | www.pfddigital.com | info@pfddigital.com

Patient Name ..... DOB ..... O Male O Female

Doctor ..... Practice .....

Address ..... City ..... State ..... Zip .....

I have included: Impression | Bite | Pre-Op Model | Study Model | Photos | X-Ray | Other .....

Date Sent ..... Date Due (By 5PM) ..... Appointment Date/Time .....

We highly recommend scheduling patients **at least one day** after the requested due date. Please consider a 2-3 day lead time when scheduling patients to account for shipping and processing. You can email patient photos to info@pfddigital.com, or upload via our website at www.pfddigital.com/upload-case-photos.

PFD Zirconia / Ceramic

- O PFD Solid ZR
- O PFD Esthetic ZR
- O PFD Layered ZR
- O PFD Ultra Veneer
- O IPS e.max

O Rest Seat .....

Porcelain Fused to Metal / Full Cast

- O PFM (Select Metal Type)
- O Full Cast (Select Metal Type)

O Base Metal | O Noble | O HN White | O HN Yellow*

O Metal Occlusion / Lingual | O Rest Seat .....

*Standard HN Yellow alloy makeup is 52% gold, in combination with silver, palladium and platinum. Please specify if a higher gold content is required.

Diagnostic / Planning

- O Printed Diagnostic Waxup
- O Putty Matrix (In-House Temporary)
- O PMMA Milled Temporary

Pontic Design

O Modified Ridge Lap O Hygienic

O Ovate .....mm

Removable

- O Comfort H/S Nightguard
- O Clear Retainer
- O Clear Retainer Flipper
- O Whitening Tray
- O PlaySafe Sports Guard

If insufficient room?

O Trim Opp. | O Call | O Metal Occ.

Proximal Contacts

O Light | O Medium | O Heavy

Occlusal Contacts

O Light | O Medium | O Heavy

Implants / Treatment Planning

- O Screw Retained
  O ASC | O Gold Hue
- O Custom Abutment (Cement Retained)
  O Titanium | O Zirconia | O Gold Hue
- O OEM Custom Abutment
- O Fixed Full Arch (All-On-X)
- O Surgical Guide

Implant Brand .....

Implant Type .....

Platform Diameter .....

Custom Abutment Emergence

O No Tissue Displacement
O Support Tissue
O Contour Tissue
O Full Anatomical
O Anatomical Support

No Tissue Displacement | Support Tissue | Contour Tissue | Full Anatomical | Anatomical Support

Rx:

Select tooth number(s):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Circle for single units, bracket for bridge and splinted units.

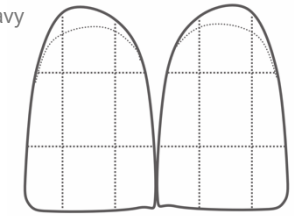
Shade Information:

Base Shade .....Incisal .....Cervical .....

Occlusal Staining: O None | O Light | O Heavy

Stump Shade .....

Shade Guide Used .....



Specific Instructions:

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Use reverse if additional space is needed.

Doctor Signature .....

License # .....

By signing you agree to our terms & conditions. Visit www.pfddigital.com/terms for a detailed look.