

DENTAL RX FORM

Prima Dental Lab

10147 N. GRAND AVENUE, SUITE B4 | SUN CITY, ARIZONA 85351
(623) 972-3757

DOCTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

PATIENT NAME: LAST

FIRST

DATE PREPARED: MALE FEMALE

DATE DUE - DELIVER CASE BY 5PM ON:



TOOTH # _____

SHADE _____

CROWN & BRIDGE

- PFM NON-PRECIOUS
- PFM SEMI-PRECIOUS
- FGC (YELLOW GOLD)
- PFM ON IMPLANT
- CUSTOM ABUTMENT

ALL CERAMIC

- E.MAX (PRESS) - LAYERED

DIAGNOSTIC WAX-UPS

INSTRUCTIONS

SIGNATURE _____ LICENSE # _____