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DDS Rx FORM

Doctor: _____

Address: _____

Phone: _____

E-mail: _____

License #: _____

Patient: _____

Male Female Age: _____

DELIVERY BY 5PM ON: _____

TYPE OF RESTORATION please mark ⊗

- revo | ZIRK layered
- revo | ZIRK full zirk
- revo | PFM NP SP HN
- revo | ACCUTEMPS
- revo | CAST POST
- Zirkonzahn | PRETTAU BRIDGE

List Abutment Tooth #(s)

List Pontic Tooth #(s)

e.max please mark ⊗

- Veneer
- Inlay/Onlay
- 3/4 Crown
- Full Crown

IMPLANTS revo | custom abutment

Exclusively by IMAGE DENT

Please Specify Implant System, Brand & Diameter

- Titanium Milled
- Zirconia w/ TI Base
- Hader Bar w/ Clips
- Attachements
- e.max Abutment
- CALL Dr.

MARGIN AND METAL DESIGN

OCCUSAL STAINING

- None Light* Medium Dark

PONTIC DESIGN

ABUTMENT MARGIN DESIGN

Shoulder for all-ceramic* Chamfer for PFM/BruXZir*

ABUTMENT MARGIN DEPTH

If left blank, default values will be used

ABUTMENT EMERGENCE PROFILE

Surgical Placement Tissue Displacement* No Tissue Displacement

CIRCLE TEETH INVOLVED

RESTORATION DESIGN please mark ⊗

- Crown
- Splinted Crowns
- Bridge
- Implant Case
- Bite Rim/s
- Custom Tray

Present Tooth or Stump Shade

Final Ceramic Shade

Instructions

SIGNATURE _____ DATE _____