



888.601.9001
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—HAVE YOU INCLUDED THE FOLLOWING?—

- Impression Bite Opposing
 Shade Pre-Op Model Photos
 Model of Temps

—PLEASE SEND—

- Rx's Air Bills
 Boxes Bags

—FOR LAB USE ONLY—

- M WX P
 QC PK GL

— DOCTOR INFORMATION —

Name _____
 Address _____
 City _____ State _____ Zip _____

Phone _____

Rx Date _____ RETURN DATE _____

— TYPE OF RESTORATION —

LVI ORTHOTIC
 Type _____
 Smile Catalog _____
 Articulator Desired _____

ALL-CERAMIC	TOOTH #
<input type="checkbox"/> Pressable	_____
<input type="checkbox"/> Veneers	_____
<input type="checkbox"/> PJC	_____
CAD/CAM	
<input type="checkbox"/> Zirconia	_____
COMPOSITE	
<input type="checkbox"/> Encore Bridge	_____
TRADITIONAL*	
<input type="checkbox"/> PFM	_____
<input type="checkbox"/> FCC	_____
<input type="checkbox"/> Implant	_____

*The standard for single units is with lingual metal band

OTHERS
 Diagnostic Wax-Up _____
 Soft Tissue _____

— COPING & MARGIN DESIGN —

- Metal Lingual Collar Only
 Facial Porcelain Margin
 360° Porcelain Margin

— PATIENT INFORMATION —

Name _____
 Age _____ Sex _____

— CHARACTERIZATION —

SHADE _____
 STUMP _____
 LENGTH OF COMPLETED CENTRAL _____

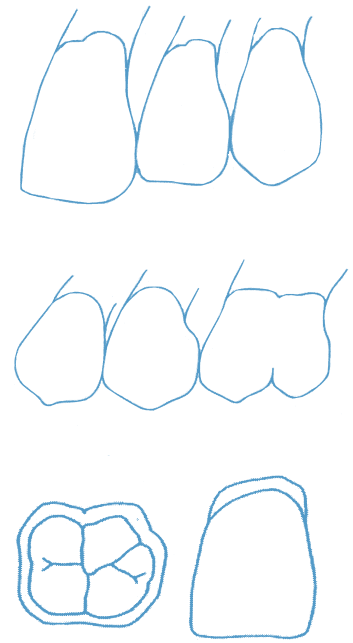
SURFACE ANATOMY
 Smooth
 Moderate
 Heavy

OCCCLUSION STAIN
 Light
 Medium
 Heavy

_____ mm Gingival to Incisal Length
 _____ mm Shimbashi (CEJ to CEJ)

Rx

— COLOR MAP —



Important All questions about the construction of this Rx form, subsequent invoice(s) and statements), and the rights, liabilities and remedies to this Rx form, subsequent invoice(s) and statement(s), including but not limited to an action necessary for collection and/or to enforce payment obligation, shall be governed by the laws of the State of California. All parties to this Rx form, subsequent invoice(s) and statement(s) agree to be bound and submit to the laws and the courts of the State of California.

Doctor's Signature _____ License # _____
Lab Copy - White Dr's Copy - Yellow