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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

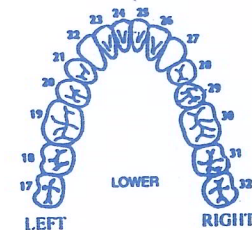
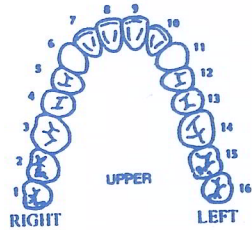
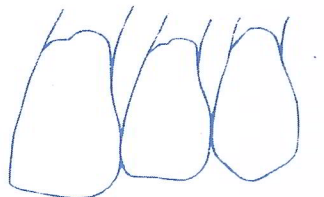
OCCCLUSION STAIN

- Light
- Medium
- Heavy

_____ mm Gingival to Incisal Length

_____ mm Shimbashi (CEJ to CEJ)

— 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