



CALL: +1 (708) 232-8825
EMAIL: admin@dentarad.com

DOCTOR NAME: _____
OFFICE NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ EMAIL: _____
PATIENT NAME: _____

DATE SENT :

DATE DUE:
BY 5PM

LAB USE

FIXED RESTORATIONS

ZIRCONIA

- ☐ Solid Zirconia (Highest Strength)*
- ☐ Esthetic Solid Zirconia (More Translucent)
- ☐ Layered Zirconia (Most Esthetic)
- ☐ Facial Cutback Layered Zirconia

ALL-CERAMIC

- ☐ Emax Full Contour*
- ☐ Emax Layered
- ☐ Vitality Veneer

PORCELAIN FUSED TO METAL

- ☐ PFM Non-Precious*
- ☐ PFM Noble/Semi-Precious
- ☐ PFM High Noble

FULL-CAST METAL

- ☐ Non-Precious
- ☐ Yellow Noble/Semi-Precious*
- ☐ White Noble/Semi-Precious
- ☐ Yellow High Noble
- ☐ White High Noble

FIXED OTHER

- ☐ Temporary PMMA Crown
- ☐ Diagnostic Waxup
- ☐ Fit Crown to Existing Partial
- ☐ Milled Rest for Partial
- ☐ Metal Occlusal
- ☐ 3D Printed Model
- ☐ Premium Department
- ☐ Custom Shade

IMPLANTPACK

1. SELECT YOUR IMPLANT TYPE

CEMENT-RETAINED

- ☐ Titanium Custom Abutment*
- ☐ Hybrid Zirconia Custom Abutment
- ☐ Prepare Stock Abutment

-OR-

SCREW-RETAINED

- ☐ Screw-Retained Implant Crown (stock ti-base)
- ☐ Screwmentable Implant Crown (custom abutment base)

2. SELECT YOUR CROWN TYPE

- ☐ Solid Zirconia*
- ☐ Esthetic Zirconia
- ☐ Layered Zirconia
- ☐ Emax: ☐ Full Contour ☐ Layered
- ☐ PFM: ☐ Non-Precious ☐ Noble ☐ High Noble

3. IMPLANT EXTRAS

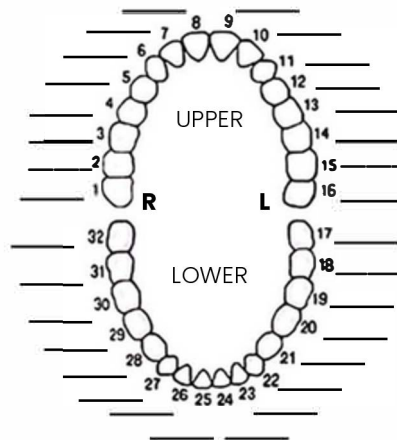
- ☐ Angulated Screw Channel
- ☐ Gold Hue Anodization
- ☐ Screwmentable: Lab to Cement



CASE INSTRUCTIONS

Signature: _____ Date: _____ License #: _____

TOOTH NUMBERS



SHADE INFORMATION

FINAL SHADE: _____



Stump Shade: _____

Occlusal Staining: ☐ Light ☐ Med ☐ Dark ☐ None

Disclosures: To limit case disruptions the following disclosures are to be accepted by submitting this prescription to labs: 1) Incomplete, unclear, or conflicting prescriptions may be changed to our standard (*) category choice. 2) Prescriptions with contraindications per manufacture/material guidelines may be changed into compliance per technicians subjective choice of material/item.

FIXED RESTORATIONS

Contact Lab for Full Dentures



DENTARAD
PRECISION DENTAL LAB

ACRYLIC TO METAL PARTIALS

- ☐ Cast Partial*
- ☐ Cast + Partial
- ☐ Vitality Veneer
- ☐ Metal Frame Try-in ☐ Frame w/bite rim Try-in
- ☐ Metal Frame w/setup Try-in ☐ Finish

FLEXIBLE PARTIALS

- ☐ Flex Partial*
- ☐ Flex Partial Saddles/Clasps to Cast
- ☐ Wax Setup Try-in ☐ Finish

NIGHTGUARDS, RETAINERS, TRAYS

- ☐ Upper* ☐ Lower ☐ Both
- ☐ Clench H/S Nightguard (hard/soft)*
- ☐ Clench Hard Nightguard
- ☐ Clench Soft Nightguard
- ☐ Clear Retainer
- ☐ Lumin White Bleaching Tray

REMOVABLE OTHER

- ☐ Custom Tray
- ☐ Bite Rim
- ☐ Acrylic Flipper
- ☐ Soft Liner
- ☐ Denture Rebase
- ☐ Acrylic Reline
- ☐ Flexible Partial Rebase/Reline
- ☐ Name on Partial/Denture

SCAN HERE



Scan QR code for
instructions on how to
submit a case



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