



15 SE 22nd
 Portland, OR, 97214
 M:(800) 926-5412 F:(503) 254-1957
 www.TCdentallab.com

Dental Lab

Dr: _____ Patient: _____
(First Name) (Last Name) (First Name)

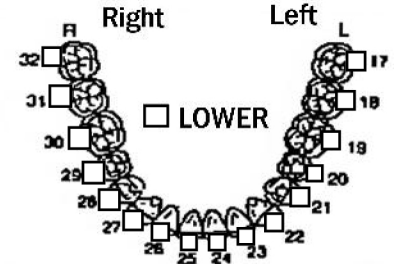
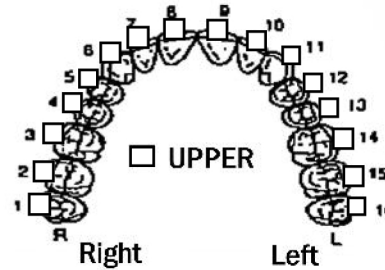
Office: _____
(Last Name)

Address: _____ Prep Date: _____

City: _____ State: _____ Zip: _____ Due Date: _____

Phone: _____ Fax: _____ Patient Appt Date: _____

E-mail: _____



Crown: Single Bridge

LAB USE

One Case Only Models
 Return Crown Bite
 Impression Implant Parts
 Articulator Coupons

DR. USE

Send RX Forms
 Please Call
 Mailing Labels
 Other: _____

FIXED RESTORATIONS

SHADE: _____

TOOTH NUMBER: _____

PONTIC DESIGN:

FULL RIDGE PARITAL RIDGE NO RIDGE SANITARY BULLET

OCCLUSAL STAIN:

None Light Medium Dark

EMBRASURES: Open Close

BUCCAL MARGIN: *(Metal-porcelain Junction Margin)*

No Me I Showing 360°
 Metal-Margin on Buccal (_____ mm)
 Porcelain Butt Margin

ALL-CERAMIC

Crystalultra Procelain Fused to Zirconia
 IPS e.max™ Pressed Full Contour Zirconia
 IPS e.max™ CAD Prep Veneer
 IPS e.max™ ZirCAD Non Prep Veneer

PFM

FULL CAST CROWN

Non-Precious Non-Precious
 Semi-Precious Semi-Precious White
 High Noble Noble Yellow
 High Noble Yellow High Noble Yellow

REMOVABLE RESTORATIONS

ORTHODONTIC APPLIANCE

Schwarz Appliance Lingual Arch (Molar to Molar)
 Hawley Retainer Space Maintainer
 Rapid Patatal Expander (2 Band) Soldered Spurs
 Rapid Patatal Expander (4 Band) Band Added to Appliance
 Wrap Around Retainer Pontic Added to Appliance
 Haas Appliance Reset Teeth (Specify)
 Sagittal Appliance (2 Way) Crossbite Appliance
 Sagittal Appliance (4 Way) Finger Spring
 Lingual Arch(Cuspid to Cuspid Bondable) Habit Spring

REMOVABLE

Check all that apply

Upper Lower Unilateral Finish Try-in Bite Block

Partial Framework (Standard) Nightguard Hard
 PD2000 Framework (Premium) Nightguard Soft
 Duracetal™ Single Shade Nighguard Combo
 Duracetal™ Dual Shade Talon (Nightguard)
 Duraflex Baseplate Waxrim
 Full Denture/Immediate Setup Teeth
 Valplast™/Flexible Custom Tray
 TCS™/Flexible Bleaching Tray
 Stayplate Flipper EMA Appliance
 New Smile TMJ Appliance
 MTI Appliance

OTHER

IMPLANT

Finish Ti Custom Abutment
 Try-in All Zirconia Custom Abutment
 Cast Post Zirconia Abutment w/ Ti-base
 Acrylic Temps Soft Tissue Model
 Patient Name in Denture
(Additional Charge)

PREAUTHORIZED OCCLUSAL MODIFICATION

Relieve Opposing Reduction Coping *(Extra Charge Applies)*

INSTRUCTIONS:

SIGNATURE: _____ LICENSE NO. _____

CUSTOMER MUST SIGN BEFORE SENDING THIS RX FORM (OR A SUBSTITUTE THEREOF), TO RELIABLE DENTAL STUDIO AND IN DOING SO AGREE TO ABIDE BY TERMS AND POLICIES. PLEASE VISIT WWW.RSULAB.COM FOR THE MOST UPDATED VERSION. FULL PAYMENT IS DUE UPON RECEIPT OF STATEMENT THERE WILL BE 2.5 \$PER MONTH SERVICE CHARGE FOR ANY PAYMENT OR PORTION THEREOF NOT RECEIVED WITHIN THE SAID 30 DAYS UNTIL PATMENT IS RECEIED IN FULL. CUSTOMER WILL BE RESPONSIBLOR FOR ANY COSTS RELATED TO THE RECOVERY OF BALANCES OWED IN CASE OF COLLECTION TO INCLUDE LEGAL FEES.