

Doctor's Name _____

Patient's Name _____

Office Name _____

Today's Date: _____ Due Date: _____ Seat Date: _____

Turnaround Time: **contact lab for all cases faster than standard (STND) turnaround**

- Standard 7 Days
 RUSH 6 Days
 RUSH 5 Days
 RUSH 4 Days
 RUSH 3 days
 RUSH 2 Days

- Signature Smile Restorations
- Zirconia w/ Layered Porcelain
 Full Contour Zirconia
 e.max w/ Layered Porcelain
 HT Zirconia (Aesthetic)
 Diagnostic Wax-up
 e.max
 Temp Matrix

TOOTH
SHADE

CROWN
NUMBER(S)

OCCLUSAL
CONTACT

In Occlusion
 Light Occlusion
 Out of Occlusion

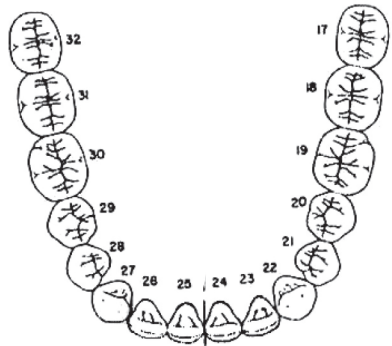
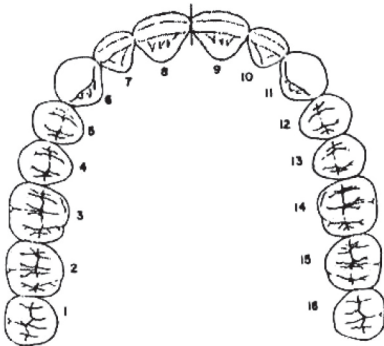
*Suggested: Full arch impression, bite registration, symmetry bite, custom shade, and photos.
Resorations 14 Day Turnaround*

- Abutment Options:
- Screw-Retained Abutment
 Anodized (Gold Hue)
 Cement-Retained Abutment
 Abutment Insertion Guide
 Custom Titanium Abutment
 Custom Zirconia Abutment

Abutment 14 Day Turnaround

Specific Instructions:

- Removable
 Shade:
 Mould:



Signature _____ License # _____

By signing this prescription, I acknowledge all above information is accurate. I also agree to Pay Ballard Dental Lab for all products and services by the 30th of the following month.