Isbill Dental Lab

TAKING STRESS OUT OF DENTISTRY SINCE 1974

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LABORATORY PRESCRIPTION (Rx)

Dr. _____ Date _____

Patient _____ Sex _____ Age _____

Date Case Wanted _____ Shade _____

Implant type and size:	**Material:**
	☐ Full Zir ☐ IPS e.max
	☐ Layered Zir ☐ Precious Metal
	☐ HD Zir ☐ Semi Prec. Metal
	☐ All Ceramic ☐ Non Prec. Metal

Digital scan sent via: ☐ iTero ☐ 3Shape ☐ Medit ☐ Dentsply Sirona ☐ Carestream

☐ Other: _____ ☐ Patient coming in for shade match

DESCRIPTION OF WORK BELOW

PLEASE USE BACK SIDE FOR FURTHER INSTRUCTIONS

Signed Dr. _____

LAB USE ONLY

Impression _____ Opposing _____

Bite _____ Study Models _____