EURODENT
DENTAL LAB

8303 W. 126th Street, Suite D
Overland Park, KS 66213
ph: 913.685.9930 tf: 1.800.298.9589
fx: 913.685.9663 **www.eurodentdentallab.com**

Prescription Form

Dentist Name _____ License Number _____

Address _____

City _____ State _____ Zip _____

Patient Name _____ Age _____

Date Sent _____ Date Needed _____ Time Needed _____

TYPE OF RESTORATION

- ☐ PFM ☐ Porcelain Margin(s)_____
- ☐ Eurodent Select
- ☐ FCC/Inlay-Onlay
- ☐ Custom Post (non-precious default unless noted)
- ☐ Bonded Ceramic ☐ Pressable ☐ Stained
- ☐ Bonded Inlay/Onlay ☐ Zirconia ☐ Emax
- ☐ Cemented all ceramic
- ☐ Diagnostic Wax-up
- ☐ Custom Provisional
- ☐ Implant Restoration ☐ Custom Abutment Titanium
- ☐ Cad/Cam implant Bar ☐ Custom Abutment Zirconia

METAL SELECTION

- ☐ High Noble - Yellow 90% AU
- ☐ High Noble - White 52% AU
- ☐ Noble - White 2% AU
- ☐ Type III - Yellow 63% AU
- ☐ Type IV - Yellow 77% AU
- ☐ NF Noble–Be Free
- ☐ Non Precious - N: Be Free

TEETH TO BE RESTORED

- ☐ Custom Shade at Laboratory (call for an appointment)
- ☐ Photos Included ☐ Media ☐ Prints
- ☐ Pictures sent via E-mail: max@eurodentdentallab.com

INSTRUCTIONS

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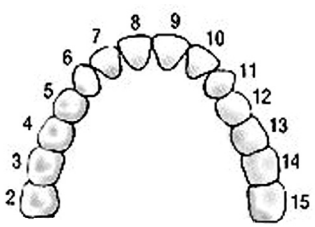
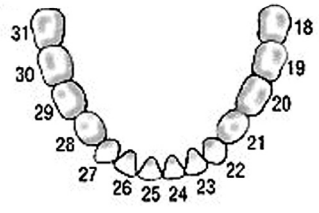
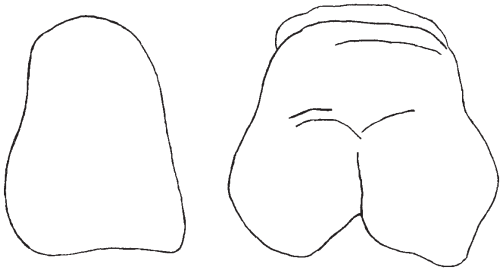
Doctor Signature _____

Mark on chart below restoration(s) involved

Final Shade _____ Stump Shade _____
(bonded ceramic only)