

Doctor: _____ **Phone:** _____
Address: _____
Patient: _____ **Sex:** _____ **Age:** _____
Date: _____ **Due Date:** _____

ALL-CERAMIC

- ☐ Full Contour Zirconia
☐ Layered Zirconia (PFZ/Porcelain Fused to Zirconia)
☐ IPS e.max

PORCELAIN TO METAL

- ☐ Porcelain to High Noble (40% AU)
☐ Porcelain to Noble (20% PT)
☐ Porcelain to Non-precious

TOOTH SHADE:

TOOTH #'S:

(SINGLE(S) OR BRIDGE)

FULL CAST

- ☐ Yellow High Noble (58% Au) ☐ White High Noble (50% Au)
☐ Yellow Noble (2% Au) ☐ White Noble (25% PD; 70% Ag)
☐ White Non-precious

IMPLANTS

Implant System: _____ **Implant Diameter:** _____ mm

- ☐ Custom Designed Titanium Abutment/Crown Bundle (available for most implant systems)
☐ Use _____ (name brand) parts only
☐ Screw-Retained Restoration
☐ Cement-Retained Restoration

ADDITIONAL INSTRUCTIONS:

Doctor's Signature: _____ **License #:** _____



By signing this prescription you are agreeing to our terms
and policies found online at www.stonedl.com/warranty

