

Harmony Dental Laboratory

758 West Duval Street • Jacksonville, FL 32202 • 904.354.4467

FIXED PROSTHETICS Rx

Rx DATE: _____

CASE DUE DATE: _____

Anytime

Before _____

DOCTOR INFORMATION

Name: _____

Address: _____

Phone: _____

PATIENT INFORMATION

Name: _____

Male

Female

Age: _____

CASE DESCRIPTION

RESTORATION SELECTION

Please Call to Discuss Options

PFM with _____ alloy

Harmony Crown (PFM with 24kt layer)

FCC with _____ alloy

Captek XLG™ ERIS (Empress2)

Procera Select™ IPS Empress

Cercon Concept

VitaTemps™ Provisionals

Other _____

MARGIN DESIGN

360° Metal Margin (collar)

Mesial, Lingual & Distal Metal Collar

Lingual Metal Collar

Facial Porcelain Butt Margin

Facial Show No Metal w/Distal Lingual Tab

360° Show No Metal

SHADE INFORMATION

Overall Shade: _____

Dentin Shade: _____

See Attached for More Details

ADDITIONAL INFORMATION

Please CALL BEFORE STARTING

Please RETURN for DIE TRIM

Please RETURN for METAL TRY-IN

PLEASE SEND More Rx's More Shipping Supplies Other _____

Signature Below Indicates Acceptance of Full Responsibility for Payment

Personal Signature of Dentist

Dentist License #

NOTE: Please retain yellow copy for your records and return the white copy to Harmony.