DIMARTINO
A MICRODENTAL LABORATORY

345 Burnett Ave North · Renton, WA · 98057
P 800 562 0300 · 425 228 5400 · F 425 228 8949

Crown & Bridge Rx

Dr._____

Date_____

Address_____

City/State_____

Phone_____

Patient_____

Age_____ Sex_____

DUE DATE:_____

If no due date is assigned, a standard DiMartino due date will be applied.

Crown & Bridge Dept.
- ❍ Gold Crown
- ❍ PFC (Porcelain Full Coverage)
  - ☐ Half Metal
  - ☐ Porcelain to metal margin on buccal
  - ☐ Porcelain butt margin
  - ☐ 360 degrees metal margin
  - ☐ 360 degrees no metal showing
  - ☐ Precious metal
  - ☐ Semi-precious metal
  - ☐ Base metal
- ❍ e.max® stained ❍ e.max Layered

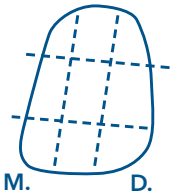
❍ ZEUS™ (Full Contour Zirconia)
- ☐ Classic (Low Translucency, High Strength)
- ☐ Ultra (High Translucency)
- ☐ Layered Facial Body & Incisal (Cutback)

Shade:_____

_____

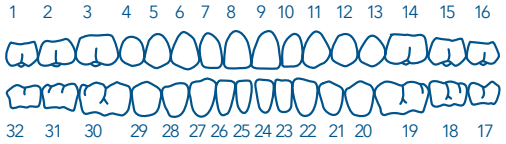
_____

_____



Email photos to:
shade.dimartino@microdental.com

Implant Abutment
- ❍ Custom Titanium
- ❍ Custom Zirconia
- ❍ Screw Retained ❍ Cement Retained
- ❍ Cement in Lab ❍ Send in Two Pieces



NOTES: _____

I agree full remittance of charges incurred by this prescription is payable within thirty (30) days of receipt of statement. I further agree to pay all charges incurred by collection should I default, including without limitiation, reasonable attorneys fees and a monthly service charge of 2% of outstanding balance.

Signature_____ **License Number**_____

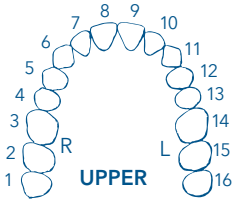
❍ Send More Blank Rx Forms **❍ Send More Bio Bags** **❍ Send More Boxes**

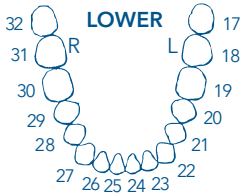
Removable Rx

DUE DATE:_____

If no due date is assigned, a standard DiMartino due date will be applied.

DESIGN CASE HERE:





Cast Partial Upper
- ❍ Full metal palate
- ❍ Horseshoe palate
- ❍ Window palate
- ❍ Lab select

Lower
- ❍ Lingual plate
- ❍ Lingual bar
- ❍ Lab select

Clasp Type
- ❍ Cast
- ❍ Gold wire
- ❍ SS wire

❍ **Upper** ❍ **Lower**

Shade: _____ Anterior Mold: _____ Posterior Mold: _____

❍ Zero Degrees ❍ 15 Degrees ❍ 20 Degrees ❍ 30 Degrees

Acrylic
- ❍ Hi #5-Standard
- ❍ Lucitone 199
- ❍ Color Mild
- ❍ Lucitone 199-Light
- ❍ Moderate
- ❍ Heavy
- ❍ Clear

- ❍ Full denture
- ❍ Immediate denture
- ❍ VisiClear partial
- ❍ Acrylic partial
- ❍ Other
- ❍ Custom Tray
- ❍ Bite block
- ❍ Strengthener
- ❍ Wire clasps
- ❍ Name in appliance
- ❍ Sports guard
- ❍ Bleaching tray
- ❍ Essix
- ❍ Surgical stent
- ❍ Hard reline
- ❍ Soft reline w/ Moloplast
- ❍ Soft reline w/ Impak
- ❍ Rebase

Nightguards
- ❍ Hard
- ❍ Hard/Soft
- ❍ Soft

NOTES: _____

800.562.0300 · 425.228.5400 · DiMartinoDentalLab.com

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