
Implant & Aesthetic RX

Doctor Name _____ Phone # _____

Address _____

Patient Name _____ RX Date _____ Due Date _____

Teeth Numbers

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Implants

| Implant Manufacturer | Type & Diameter | Tooth Number |
|----------------------|-----------------|--------------|
| _____ | _____ | _____ |

Full Cast

Yellow HN Yellow N White N

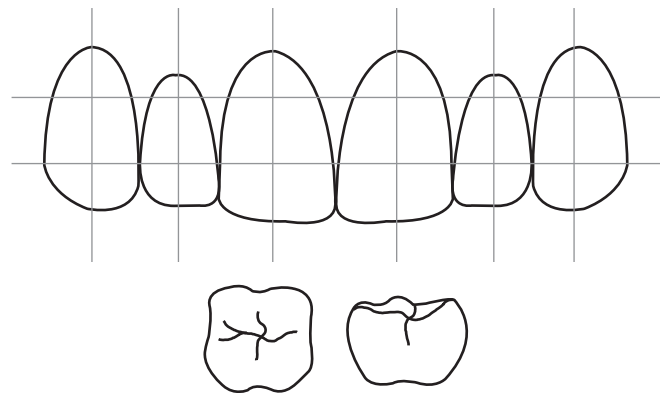
All Ceramic

Full Bruxzir Layered Zirconia Bruxzir Aesthetic
 Emax Laminate Veneer

Characterization Chart

Shade: Cervical _____
 Mid 1/3 _____
 Incisal _____
 Stump _____

Indicate: Hypocalcifications
 Occlusal Stain



Email photos that include shade guide for maximum aesthetics.

Additional Notes _____

Signature of Dentist _____ License Number _____