



:: TECHSOURCE DENTAL Rx

LAB: _____ PHONE: _____ CONTACT: _____
PATIENT NAME: _____
PAN/ID#: _____ DOCTOR ZIP CODE (REQUIRED): _____

:: Rx FOR:

- LAVA™ ZIRCONIA SUBSTRUCTURE GENERIC ZIRCONIA SUBSTRUCTURE IPS E.MAX CAD
 LAVA™ CUSTOM ABUTMENT (UCLA cast-to abutment must be supplied) SHADE: _____
 ATLANTIS CUSTOM ABUTMENT (Please complete more information below.)

:: ZIRCONIA SUBSTRUCTURES

TOOTH #: _____ SHADE: _____
MULTI-UNIT (BRIDGE) TOOTH #: _____ SHADE: _____
DESIGN INSTRUCTIONS: _____
 PORCELAIN MARGIN PONTIC DESIGN: _____

:: IPS E.MAX (E.MAX IN POSTERIOR ONLY)

TOOTH #: _____ SHADE: _____
DESIGN INSTRUCTIONS: _____
FOR IPS E.MAX: (SLIGHTLY OUT OF OCCLUSAL CONTACT IS STANDARD, IF NOT SPECIFIED)
 IN CONTACT OUT OF CONTACT

:: IMPLANT INFORMATION (FOR ATLANTIS ONLY)

TOOTH # / IMPLANT BRAND & PLATFORM: _____
 ZIRCONIA SHADED ZIRCONIA TITANIUM GOLD-HUE TITANIUM
EMERGENCE WIDTH & OPTIONS:
 FULL ANATOMICAL CONTOUR SOFT TISSUE SUPPORT TISSUE NO TISSUE DISPLACEMENT

See Atlantis Rx for more information.

:: ADDITIONAL COMMENTS: