



**:: TECHSOURCE DENTAL Rx**

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_  
DUE DATE: \_\_\_\_\_

**:: Rx FOR:**

- LAVA™ ZIRCONIA CROWN     IPS E.MAX CAD CROWN  
 ATLANTIS CUSTOM ABUTMENT (Please complete more information below.)

**:: LAVA™ CROWNS**

TOOTH #: \_\_\_\_\_ SHADE: \_\_\_\_\_

DESIGN INSTRUCTIONS: \_\_\_\_\_

FOR LAVA™: (SLIGHTLY OUT OF OCCLUSAL CONTACT IS STANDARD, IF NOT SPECIFIED)

- IN CONTACT     OUT OF CONTACT

**:: 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.

**:: COMMENTS:**

**:: REQUIRED INFORMATION:**

License #: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_