VNS DENTAL LAB
By Your Side For Your Success

Select Services: ☐ In-house ☐ Out-Sourcing

RX FORM

DENTIST INFO

Group / Practice Name: _____

Dentist Name: _____

PATIENT INFO

First name: _____ ☐ Female

Last name: _____ ☐ Male

RX DATE

Patient Appointment _____

FIXED RESTORATION

Design
- ☐ Crown
- ☐ Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Post & Core

Type of Restoration
- ☐ Full Zirconia
- ☐ High Translucent Zirconia
- ☐ Multi-Layered Zirconia
- ☐ Emax
- ☐ PFZ
- ☐ PMMA
- ☐ Full Metal
- ☐ PFM

Type of Metal
- ☐ Non Precious
- ☐ Semi-Precious
- ☐ High Noble

If No Occlusal Clearance
- ☐ *Reduction Coping*
- ☐ *Adjust Opposing*
- ☐ *Email*

Occlusal Contact

Heavy ☐ Light* ☐ No ☐

Pontic Design

☐ * ☐ ☐ ☐ ☐

IMPLANT

☐ Implant Bundle: ○ Implant Crown: ○ Zirconia ○ PFZ ○ PMMA ○ Customized Abutment: ○ Genuine Components ○ GEO Medi

Features: ○ Screw Retained ○ Cement Retained

Platform :..... System:.....

☐ Surgical Guide

COSMETIC & DESIGN SERVICES

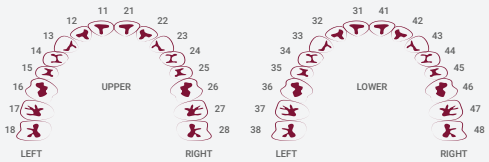
- ☐ Digital Design
- ☐ Exaclear Stent
- ☐ Printed Model required
- ☐ Putty Key

OCCLUSAL SPLINT

- ☐ Keysplint Hard
- ☐ Keysplint Soft
- ☐ Hard Splint
- ☐ Hard/Soft Splint
- ☐ Soft Occlusal Splint
- ☐ Bleaching Tray
- ☐ Clear Orthodontic Retainer
- ☐ Professional Mouthguard

Type:
- ☐ Flat Plane
- ☐ Michigan
- ☐ NTI

TOOTH NUMBER(S)



SHADE

DESIRED _____

STUMP _____

SPECIAL INSTRUCTIONS

ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSIONS
- _____ PHOTOS
- _____ METAL TRAYS
- _____ TEETH
- _____ ARTICULATOR

OTHER _____

☐ Call me

3 Days — **3-DAY** PRODUCTION UNDER IN-HOUSE

10 Days — OUT-SOURCING **10-DAY** TURNAROUND

VNS Dental Lab

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