

# Dental Prosthetic Prescription To

# ELITE DENTAL LAB

Case# \_\_\_\_\_

545 Venture Drive • Smithfield, NC 27577 • Phone: 919.934.0425 • Fax: 919.934.2375

Dr. \_\_\_\_\_

Patient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Date Sent \_\_\_\_\_

Date Wanted \_\_\_\_\_

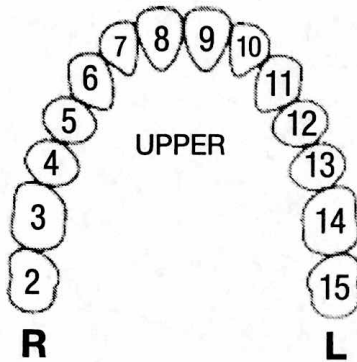
D.O.B. \_\_\_\_\_

- RX Followed
- Set-Up / Arrangement
- Occlusion
- Waxing / Carve

- Bubbles / Debris
- Fit to Model (Partial Only)
- Frenum Relief / Flange Extensions

- Polish
- Overall Esthetics
- Delivered On Time
- QC Approved \_\_\_\_\_

FOR LAB USE ONLY



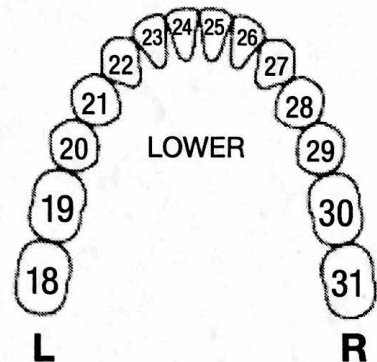
Bite Rim U / L      Custom Tray U / L

Try-In U / L      Finish U / L

Tooth Shade \_\_\_\_\_

Acrylic Shade \_\_\_\_\_

MALE / FEMALE \_\_\_\_\_



SIGNATURE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_