



MODERN METHODS
 Dental Restorations Laboratory
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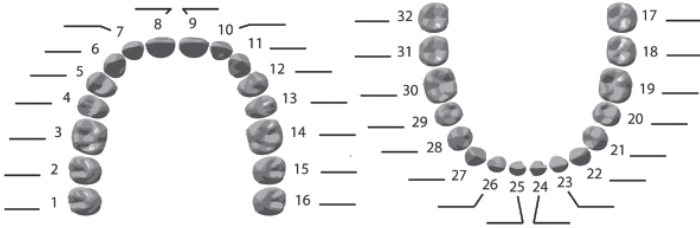
**Download
 Prescription Form**

Patient
 Male
 Female
 Age: _____

Today's Date: _____ Seating Date: _____ Time: _____
 Doctor's Name: _____
 Address: _____

 City: _____ State: _____ Zip: _____

Identify Tooth Number and Desired Shade in the Diagram Below



PFM

- Non-precious
- Semi-precious
- High Noble

Porcelain

- Porcelain
- Metal Occlusal Full Metal Collar
- Lingual Metal Collar

Full Cast All Metal

- Non-precious
- Semi-precious High Noble
- Y-Gold

Ceramic Crowns

- Full Contour Zirconia
- ZirCAD (PFZ)
- Zirconia Porcelain Facial
- IPS e.max Press Stump Shade
- IPS e.max Press (layered) Stump Shade

Custom Abutments

- Implant System: _____
Size: _____
- Atlantis Titanium
- Atlantis Gold Hue
- Atlantis Zirconia
- Straumann Titanium
- Nobel Titanium
- Nobel Screw Retained

Custom & Special Services

- Customer Shade in Lab
- Shade Change
- Splint
- Temporaries
- Diagnostic Wax Up
- Partial Rest
- Under Partial
- Trim Coping

Instructions (Specific)

Electronic Signature: _____ Lic. # _____

IMPORTANT! Save pdf after filling out form in order to complete the process. Then print and include with case going to Modern Methods Lab.

**Thank You!
 Tyler Capps**