


Laboratory Prescription & Point of Origin Form

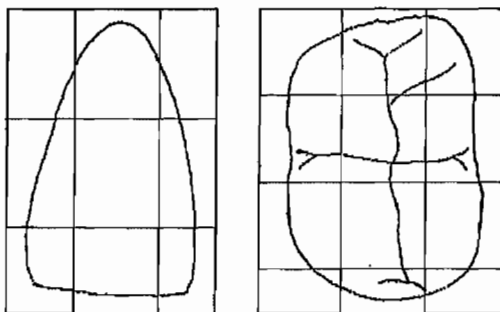
Today's Date	Try-In Date	Finish Date
Patient Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Age	
Type of Restoration		
Dentist Name	Signature	
DDS/DMD License #	Phone	
Dentist Address	City/State/Zip	
Lab Name	Phone	
Lab Address	City/State/Zip	

TYPE OF RESTORATION

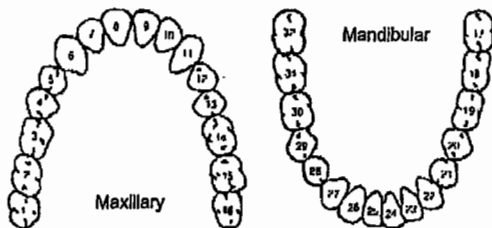
- Porcelain to High Noble
 - Porcelain to Noble
 - Porcelain to Base Metal (NP)
 - Full Metal High Noble
 - Full Metal Noble
 - Full Metal Base (NP)

 - Max Full Denture
 - Mand Full Denture
 - Max Partial Denture
 - Mand Partial Denture
- All Ceramic (specify) _____
- All Composite (specify) _____
- Other (specify) _____
- Pontic Design (circle)**
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CUSTOM SHADING



PARTIAL



INSTRUCTIONS

SHADING

DENTAL RESTORATION POINT OF ORIGIN FORM

Attention Lab: Complete this section and return to doctor when case is received.

Doctor Name _____ Patient Name _____

This case will be: Fabricated by technicians at our own dental laboratory.

Sent to another laboratory in the U.S. to be fabricated:

Lab Name _____ Location _____

Sent to an overseas/foreign laboratory to be fabricated:

Lab Name _____ Location _____

Materials to be used in fabrication: _____

Place Identalloy Sticker Here