4680 rue Jean-Talon Est, Saint-Léonard, Qc H1S 0A6

Laboratoire Dentaire
Dental Laboratory
Montreal's Expert
Dental Laboratory

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Tél.: 514-739-8596
514-739-9896
E-mail: Expert.Dental.Lab.VK@gmail.com

LABORATORY PRESCRIPTION FORM

Please write clearly to ensure proper billing & shipping

Clinic: _____
Address: _____
City: _____

Date Sent: _____
Date Due: _____
Patient/ID: _____
Dr: _____

FINAL CERAMIC SHADE

Indicate Shade Here

PRESENT TOOTH OR STUMP SHADE

Indicate Shade Here

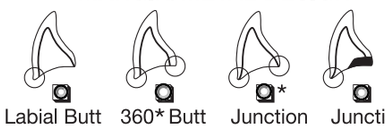
OCCLUSAL STAINING

❑ None ❑ Light* ❑ Medium ❑ Dark

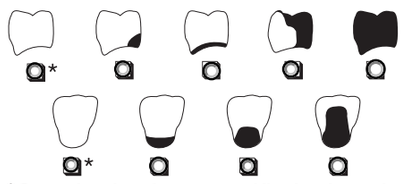
PONTIC DESIGN

❑ ❑ ❑* ❑ ❑

MARGIN/METAL DESIGN



❑ Labial Butt ❑ 360* Butt ❑* Junction ❑ Junction



❑* ❑ ❑ ❑ ❑
❑* ❑ ❑ ❑

**Standard unless specified otherwise*

Fixed Restoration

❑ Crown	❑ Bridge/Pont	❑ Press to metal
❑ C/M P.F.M	❑ Pressable Ceramic	❑ Metal Partial
❑ Acrylic Denture	❑ Zirconium	

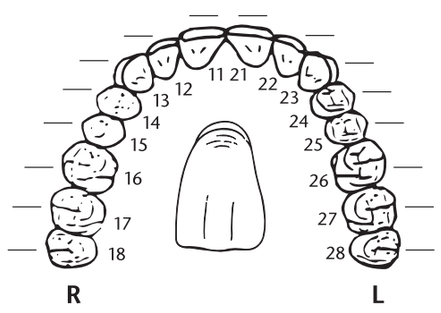
SPECIFIC INSTRUCTIONS

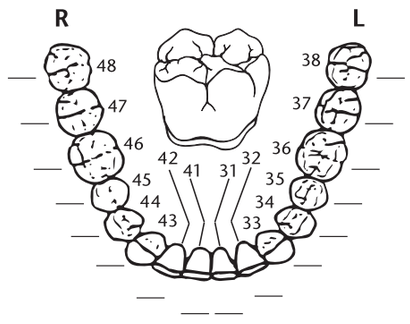
All restorations made in Quebec

Signature: License #:

Verify that a signed prescription from a licensed dentist is on file for the restoration.

INDICATE CORE SHADE BESIDE TOOTH # BELOW





IMPLANTS

Type of Implant: _____

❑ Astra Tech®
❑ Biomet 3i™
❑ Nobel Biocare®
❑ Straumann®
❑ Zimmer® Dental
❑ BioHorizon®
❑ Other _____

❑ Lab analog Qty _____
❑ Impression coping Qty _____
❑ Abutment Qty _____

Smile Catalog Selection

❑ Softened
❑ Vigourous
❑ Dominant
❑ Natural
❑ Hollywood
❑ Aggressive
❑ Focused
❑ Youthful
❑ Functional
❑ Mature
❑ Enhanced
❑ Oval

*Please allow us a full 7 business days for case completion; all RUSH/special cases must be prescheduled by calling the lab.