



1804 Honeysuckle Ln  
Pottstown, PA 19465  
Phone: (610) 563-4253  
Fax: (215) 717-4614  
Lab@MarranoDentalArts.com

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

Address \_\_\_\_\_

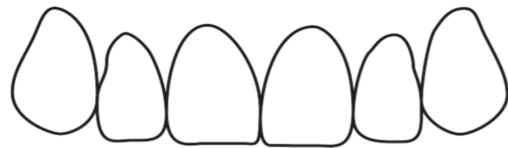
Patient \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Due Date \_\_\_\_\_ PM

### Tooth Numbers and Specific Instructions

R<sub>x</sub>

\*Please send a study model on all work involving Anterior Teeth



Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_

Dentist Signature Required \_\_\_\_\_

Dentist License # \_\_\_\_\_

Terms: Net 30 Days Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
5% Past Due/Over 30 days

By signing this Rx the dentist agrees to MDA terms & conditions

Rinsed/Disinfected? ☐ Yes ☐ No

### Restoration Design

All Ceramic  
☐ E.max  
☐ FC HT + Zirconia  
☐ FC Super HT Multi Zirconia  
☐ PFZ  
☐ Other: \_\_\_\_\_

Full Contour Gold  
☐ High Noble ☐ Noble

Porcelain Fused to Metal  
☐ Call Lab

☐ Diagnostic ☐ Provisional

### Implants

☐ Genuine Parts ☐ Non-Genuine Parts

Implant Type: \_\_\_\_\_

Implant Size: \_\_\_\_\_

☐ Cement Retained ☐ Screw Retained

Emergence Emergence Shape

☐ No tissue displacement ☐ Concave

☐ Slight tissue contour ☐ Straight

☐ Ideal Profile ☐ Convex

☐ Subgingival Margin ☐ Other

### Pontics



### Occlusal Stain

☐ None ☐ Light ☐ Med ☐ Dark



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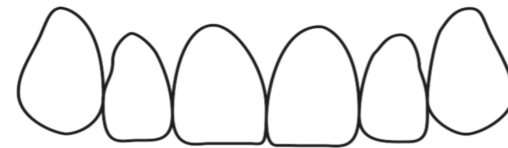
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