



5% of your total lab cost will be donated to the Interfaith Dental clinic by Rogers Dental Lab\*



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# FIXED RESTORATION PRESCRIPTION

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

Name and/or Number of Patient \_\_\_\_\_

Type of Case \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Try-In Due \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Finished Case Due \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

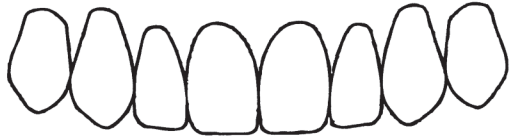
Special Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SHADE \_\_\_\_\_

Please Send:  Rx Pad  Shipping Labels  Mailing Boxes

#### PONTICS



#### FULL-CAST RESTORATION

- Yellow High Noble
- Noble White
- Base

Occlusal Staining:  None  Light  Medium  Dark

Characterizing  
Shades

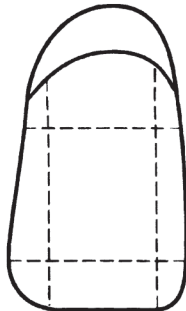
#### NORITAKE PORCELAIN USED ON ALL RESTORATIONS.

#### ALL-CERAMIC

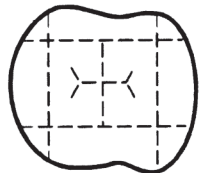
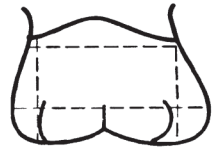
- E-Max
- Lava
- Roger's Zirconia
- Full Contour Zirconia

#### PORCELAIN FUSED TO METAL

- Base Metal
- Noble Metal
- High Noble White
- High Noble Yellow
- Captek



Neck	
Cervical	
Dentin	
Gingival	
Interproximal	
Lingual	
Incisal	
Inc. Edge	



Dr. Signature \_\_\_\_\_ License # \_\_\_\_\_

Has this case been disinfected?  Yes  No Email: info@rogersfamilylab.com

\*excludes implant parts

\*contribution will be distributed to Interfaith Dental Clinic on the 15th of the preceding month