Dental Services Group

FIXED PRESCRIPTION FORM

LABORATORY PROCEDURE AUTHORIZATION | DR SIGNATURE REQUIRED

SEE REVERSE SIDE FOR LAB LOCATIONS
www.dentalservices.net

DR NAME _____ **TODAY'S DATE** _____ **CALL ME** ☐

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PT NAME FIRST _____ AGE _____

LAST _____ FEMALE ☐ MALE ☐

DSO PRACTICE NAME (IF APPLICABLE) _____ **DUE DATE** FINISH _____ TRY IN _____

ENCLOSED WITH CASE: ☐ Model ☐ Shade Tab ☐ Bite ☐ Impressions ☐ Photo (**Preferred**) ☐ Articulator ☐ Metal Trays ☐ Teeth ☐ Other _____

NON-METAL RESTORATION

- ☐ IPS e.max® ZirCAD Prime
- ☐ DSmz™ (Monolithic Zirconia)
- ☐ DSez™ (Esthetic Monolithic Zirconia)
- ☐ DSz™ (Layered Zirconia)
- ☐ IPS e.max® (Lithium Disilicate)

OTHER _____

PORCELAIN FUSED TO METAL

- ☐ PFM NP/Base ☐ PFM White High Noble
- ☐ PFM Noble ☐ PFM Yellow High Noble
- ☐ Semi Precious

OTHER _____

FULL CAST RESTORATION

- ☐ NP/Base ☐ White High Noble
- ☐ Noble White ☐ Yellow High Noble
- ☐ Noble Yellow

IF NO OCCLUSAL CLEARANCE

- ☐ CALL ☐ METAL OCCLUSION
- ☐ REDUCTION COPING ☐ SPOT OPPOSING

MOLD OF CROWN

☐ FOLLOW STUDY ☐ MODEL MATCH ☐ EXISTING IDEAL

MARGIN DESIGN ☐ **Buccal** ☐ **Lingual**

- ☐ METAL LINGUAL COLLAR
- ☐ METAL-PORCELAIN JUNCTION MARGIN
- ☐ METAL HAIRLINE _____ MM
- ☐ PORCELAIN BUTT MARGIN

METAL OCCLUSION

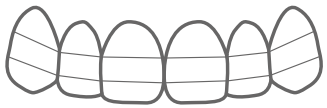
- ☐ METAL OCCLUSAL **EXCLUDE** BUCCAL CUSP
- ☐ METAL OCCLUSAL **INCLUDE** BUCCAL CUSP
- ☐ FULL METAL LINGUAL
- ☐ 3/4 METAL LINGUAL
- ☐ 1/4 METAL LINGUAL

PONTIC DESIGN

- ☐ SANITARY ☐ BULLET ☐ MODIFIED
- ☐ FULL RIDGE ☐ OVATE

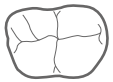
SHADE

DESIRED _____ STUMP _____



OCCLUSAL STAINING

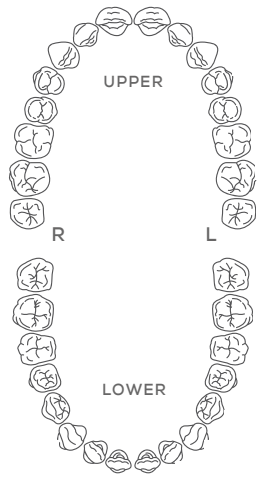
- ☐ NONE
- ☐ Light ☐ Medium ☐ Dark



SPLINTS

U	L		U	L	
☐	☐	Hard	☐	☐	Brux-eze™
☐	☐	Comfort H/S™	☐	☐	Rem-e-deze™
☐	☐	Sports Guard	☐	☐	DSG Relaxer™
☐	☐	OTHER _____			

PLEASE INDICATE TOOTH NUMBER TO BE RESTORED:



INSTRUCTIONS

DR SIGNATURE _____

DR LICENSE # _____

For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty

DO YOU NEED? ☐ Shipping Boxes ☐ Shipping Labels

RXS: ☐ Standard ☐ Fixed ☐ Removable ☐ Local (WHERE AVAILABLE) ☐ Implant ☐ Cosmetic ☐ Ortho/Sleep ☐ Value

TERMS: Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices F FR1 04