

LAB PRESCRIPTION

Send to Info@cadsmiles.com or www.cadsmiles.com click on Submit Case.

Schedule your Pick-up send an email to info@cadsmiles.com

Doctor _____ Phone# _____

Patient _____

Due Date _____

Tooth Shade _____ Final Shade _____

***Fixed All Ceramic**

Others: _____

Zirconia Emax Empress Tooth# _____

***Implant** Tooth# _____

***Custom Abutments** Tooth# _____

***Diagnostic Wax-up** Tooth# _____

***All on X** Tooth# _____

RX INSTRUCTIONS:

Date: _____

Doctor's signature: _____