Sakr Dental Arts

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Rx DATE ____ DELIVER BY ____

DOCTOR'S NAME ____ PHONE NBR ____

DOCTOR'S ADDRESS ____

PATIENT NAME (FIRST/LAST) ____

Instructions

Shade

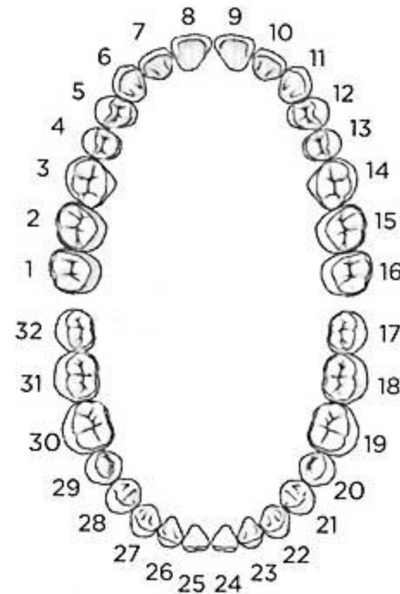
Gin:_______

Bod:______

Inc:_______

Final Shade____________________

Stump Shade___________________



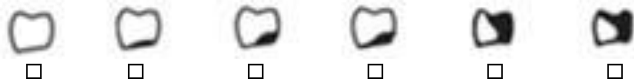
Occlusal Staining

☐ None ☐ Light ☐ Medium ☐ Heavy

Porcelain Margin

☐ No Porcelain Margin ☐ Labial Butt ☐ 360 Degree Butt

Metal/Zirconia Design



☐ ☐ ☐ ☐ ☐ ☐

Pontic Design

☐ Sanitary ☐Bullet ☐ Partial Ridge ☐Full Ridge ☐ Ovate

Incoming Check List

☐ Impression/Master	☐ Study Models
☐ Opposing	☐ Face Bow
☐ Bite	☐ Articulator
☐ Pictures	☐ Implant Impression Coping
☐ SD Card	☐ Implant Analog
☐ CD	☐ Implant Abutments
☐ Old Crown/Bridge	☐ Diagnostic Waxup
☐ Old Denture/Partial	☐ Other __________________

Signature_______________ License Number _________________