(702) 580-7900

111 E. 100 S.

St. George Utah, 84770

email: cases@innovativedentalstudio.com

Prescribing Dr._____Patient:_____

Male **Female** **Age**_____

Prescription date:___/___/____ **Date Due:**_____**(by 5pm)**

Restoration shade:_____ **Stump shade:**_____

Prepared tooth #s_____

Notes:

- ☐ **Monolithic Lithium Disilicate (Emax / Lisi Press)**
- ☐ **Monolithic Zirconia**
- ☐ **Smile Design Lithium Disilicate (Emax / Lisi Press)**
- ☐ **Smile Design Zirconia**
- ☐ **Diagnostic Wax-up (Default is digital)**

Implant Information: (Please specify)

- ☐ **Custom Titanium Abutment**
- ☐ **Custom Zirconia Abutment on Ti-Base**
- ☐ **Ti-base Abutment**
- ☐ **Cement Retained**
- ☐ **Screw Retained**
- ☐ **Screwmentable Posterior Zirconia**
- ☐ **Screwmentable Anterior Zirconia**

*Signature of Prescriber:*_____