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CASE NO.	DELIVERY DATE (EOB) ____/____/____	<input type="checkbox"/> METAL TRY-IN DATE ____/____/____
TOOTH NUMBER(S)	SHADE	STUMP SHADE

\*CUSTOM SHADES ARE UNAVAILABLE FOR MONDOTHIC ZIRCONIA RESTORATIONS.

PLEASE PRINT CLEARLY

PRACTICE NAME	CITY	LIC. #
DOCTOR NAME	SIGNATURE	
PATIENT	INTERNAL USE	DOCTOR CODE

By signing this Rx form, you agree to all of the terms and conditions listed in our Customer Agreement, which can be read in it's entirety at [www.ziemekdentallab.com](http://www.ziemekdentallab.com)

\*REQUIRED FIELDS  
 (EOB=end of business)

MATCH PRE-OP MODEL

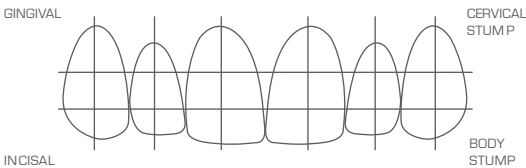
PREMIER

IMPLANT TYPE  GENUINE PARTS  LAB CEMENTED \_\_\_\_\_ DIAMETER

CUSTOM ABUTMENT MATERIAL

CHECK ONE  
 Hybrid Zirconia Crown  Titanium  Zirconia  Gold-Hue Titanium

SHADE INSTRUCTIONS



FM4-43-000-10

PONTIC DESIGN



MM

PLEASE CHECK ONE

- PRODUCT
- ALL PORCELAIN CROWNS
  - EMAX
  - EMAX VENEER
  - EMAX INLAY/ONLAY
  - LAYERED ZIRCONIA
  - FULL ZIRCONIA STANDARD
  - FULL ZIRCONIA HIGH TRANSLUCENCY

PORCELAIN BONDED TO METAL

- SINGLE UNITS PFM
- BRIDGE UNITS PFM

ALLOY SELECTION

- HIGH NOBLE
- NOBLE
- TITANIUM

IMPLANT PACKAGE

- Titanium/Zirconia
- Zirconia/Zirconia
- Hybrid Crown
- Zirconia/Anterior E.Max (cut back and layered)

ALL METAL CAST CROWNS

- CAST GOLD CROWN (3/4 & FULL)
- CAST GOLD INLAY/ONLAY
- TITANIUM

MISCELLANEOUS SERVICES

- GUIDED SURGERY
- METAL OCCLUSAL/LINGUAL
- DIAGNOSTIC WAXUP
- TEMPORARY