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DAMAS FOR NORTH AMERICA
 DENTAL APPLIANCE MANUFACTURERS AUDIT SYSTEM
 FDA COMPLIANCE & QUALITY MANAGEMENT SYSTEM



2310 MOTTMAN RD. S.W.
 TUMWATER, WA 98512

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

*CUSTOM SHADES ARE UNAVAILABLE FOR MONOUTHIC 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

*REQUIRED FIELDS (EOB=end of business)

MATCH PRE-OP MODEL RETURN FOR DIE TRIM

PREMIER

IMPLANT TYPE GENUINE PARTS LAB CEMENTED DIAMETER

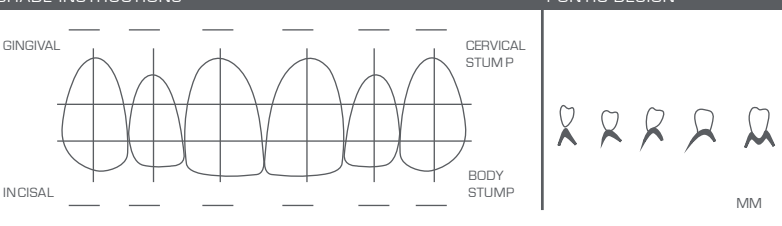
CUSTOM ABUTMENT MATERIAL

CHECK ONE
 Hybrid Zirconia Crown Titanium Zirconia Gold-Hue Titanium

CERVICAL STAINING DESIRED OCCLUSAL STAINING DESIRED

CHECK ONE
 NONE LIGHT MEDIUM DARK NONE LIGHT MEDIUM DARK

SHADE INSTRUCTIONS PONTIC DESIGN



FM4-43-000-10

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

- ESTHETIC CUSTOMIZING
- PORCELAIN MARGIN

- ALLOY SELECTION
- HIGH NOBLE
 - NOBLE
 - TITANIUM

- IMPLANT PACKAGE
- Titanium/Zirconia
 - Titanium/Posterior EMax
 - Zirconia/Zirconia
 - Hybrid Crown
 - Zirconia/Anterior EMax (cut back and layered)

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

- MISCELLANEOUS SERVICES
- GUIDED SURGERY
 - FIT TO PARTIAL
 - SURVEY & REST
 - SEPARATE CAST POST
 - PRECISION ATTACHMENT
 - METAL OCCLUSAL/LINGUAL
 - DIAGNOSTIC WAXUP
 - TEMPORARY