

Harmony Dental Laboratory

2063 Gilmore Street • Jacksonville, FL 32204 • 904.354.4467

FIXED PROSTHETICS Rx

Rx DATE: _____

CASE DUE DATE: _____

Anytime Before _____

DOCTOR INFORMATION

Name: _____

Address: _____

Phone: _____

PATIENT INFORMATION

Name: _____

Male Female Age: _____

CASE DESCRIPTION

RESTORATION SELECTION

- Please Call to Discuss Options
- PFM with _____ alloy
- Harmony Crown (PFM with 24kt layer)
- FCC with _____ alloy
- Captek
- Procera
- IPS Empress / Empress2
- VitaTemps™ Provisionals
- Harmony Indirect Composite
- Other _____

MARGIN DESIGN

- 360° Metal Margin (collar)
- Facial Porcelain Margin
- Facial Show No Metal
- 360° Porcelain Margin
- 360° Show No Metal
- Other _____

SHADE INFORMATION

Overall Shade: _____

Dentin Shade: _____

See Attached for More Details

ADDITIONAL INFORMATION

- Please CALL BEFORE STARTING
- Please RETURN for DIE TRIM
- Please RETURN for METAL TRY-IN

PLEASE SEND More Rx's More Shipping Supplies Other _____

Signature Below Indicates Acceptance of Full Responsibility for Payment

Personal Signature of Dentist

Dentist License #