RX FORM

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor ______________________

Phone ______________________

Patient ______________________

Male ☐ Female ☐ Age ______________

Send Date ______________ Due Date ______________

Case turnaround times are based on the date the Rx is received at Freedom Dental Studio. Please allow 10 business days (Monday-Friday) from that date and 15 business days for complex cases.

1. Restoration
- ☐ PMF
- ☐ Emax
- ☐ Zirconia
- ☐ Full Gold
- ☐ Implant
- ☐ Diamond

2. Occlusion
- ☐ Metal
- ☐ Porcelain

3. Porcelain
- ☐ Fine Metal Collar
- ☐ Porcelain to margin
- ☐ Porcelain Butt

4. Function
- ☐ Foil Relief
- ☐ Centric Contact
- ☐ Cusp to Fossa

5. Staining
- ☐ Heavy
- ☐ Harmonized
- ☐ Light
- ☐ None

6. Lateral Excursion
- ☐ Cuspid Guidance
- ☐ Group Function

7. Metal Alloy
- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ Precious Yellow
- ☐ Precious White

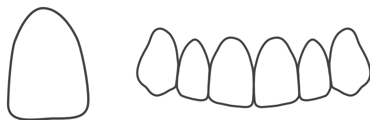
8. Pontic Design

Harmony ☐ Cone ☐ Hygienic ☐ Ovate ☐ Ridge Lap ☐

9. Contacts

Broad ☐ Normal ☐ Point ☐

10. Stump Shade (Empress)



Gingival Shade ______________

Shade ______________

Will opposing tooth/teeth be restored in the future? ☐ Yes ☐ No

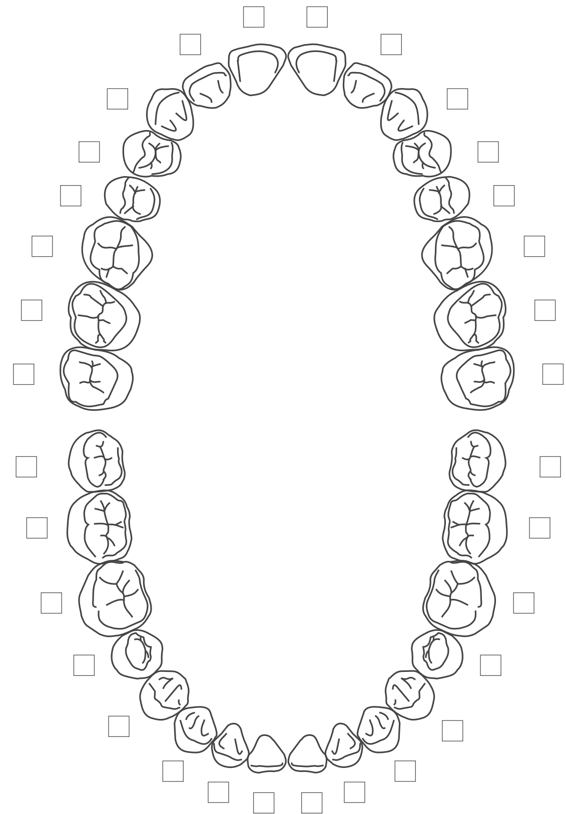
If there is not enough space between the teeth can we?

☐ Metal Island ☐ Opposing Trim ☐ Abutment Trim and Reduction

Other ______________________

REMOVABLE RESTORATIONS

☐ Upper	☐ Lower	☐ Custom Tray
☐ Perforated	☐ Wax Bite Rim	☐ Stabilized Base
☐ Complete Denture	☐ Ivocap Processing	☐ Cast Metal Plate
☐ Wire Reinforcement	☐ Reline	☐ Repair
☐ Metal Free Dental D Framework	☐ Immediate Denture	☐ Acrylic Partial
☐ Wrought Wire Clasp	☐ Metal Reinforcement	☐ Cast Partial Framework
☐ Wrought Gold Clasp	☐ Valplast Clasp	☐ Tooth Coloured Clasp
☐ Bleaching Tray	☐ Valplast Flexible Partial	☐ Surgical Template
☐ Splints / Night Guard	☐ Fluoride Tray	☐ Thermoflex
	☐ Hard	☐ Other



RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case, attach the files with this RX form in our contact form page or send it to: send.case@freedomdentalstudio.com

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Freedom Dental Lab in the event the account is sent to collections or litigation.

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FREEDOM DENTAL LAB