



Dr. Mia Anne Villanueva - Perez

General Dentistry • Esthetic Dentistry • Practicing Orthodontics • Implant Dentistry

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DENTAL LABORATORY JOB PRESCRIPTION FORM

To:

Date: 09-13-22

Patient: <u>Dick Ruiz</u>		Age: _____	Sex: <u>M</u>
Case <u>FPD / Veneers</u> Implant <input type="checkbox"/>		Pontic <input type="checkbox"/>	Shade _____
<input checked="" type="checkbox"/> Fixed Partial Denture <input type="checkbox"/> Jacket Crown <input checked="" type="checkbox"/> Veneers <input type="checkbox"/> Plastic <input type="checkbox"/> Porcelain <input type="checkbox"/> Fused to Metal Crown <input type="checkbox"/> Ceramag <input type="checkbox"/> Tilitte Metal <input type="checkbox"/> Fused to Tilitte Crown <input type="checkbox"/> Emax <input type="checkbox"/> Full Shell / Metal Crown <input type="checkbox"/> Zirconia <input type="checkbox"/> Indirect Composite <input type="checkbox"/> All Ceramics		SHADE GUIDE Indicate Characterization PONTIC DESIGN: 	
<input type="checkbox"/> Removable Partial Denture <input type="checkbox"/> Stayplate <input type="checkbox"/> Flexible Denture <input type="checkbox"/> Assembled Type <input type="checkbox"/> Ivocap <input type="checkbox"/> w/ wire clasps <input type="checkbox"/> One-piece Casting <input type="checkbox"/> w/ casted clasps <input type="checkbox"/> Flexible Combination w/ One Piece <input type="checkbox"/> Thermosens			
<input type="checkbox"/> Orthodontic Appliance <input type="checkbox"/> Hawley's Retainer <input type="checkbox"/> Transverse Expander <input type="checkbox"/> Straight Wire Retainer <input type="checkbox"/> Bionator <input type="checkbox"/> Sagittal Expander <input type="checkbox"/> Bite Splint <input type="checkbox"/> Base: _____ Clear <input type="checkbox"/> Others: _____ Colored (_____)			
<input type="checkbox"/> Complete Denture <input type="checkbox"/> Upper & Lower <input type="checkbox"/> Lower <input type="checkbox"/> Ivocap <input type="checkbox"/> Upper <input type="checkbox"/> Flexible <input type="checkbox"/> Others _____ Others <input type="checkbox"/> Gold Mesh <input type="checkbox"/> Mouth Guard <input type="checkbox"/> Splint <input type="checkbox"/> Inlay / Onlay			
REMARKS: PFZ - #21, #11, #12, #13, #14, #15 veneers (PFZ) - #22, #23 shade: B3-(cervical) A3-Body			
<input type="checkbox"/> Trial Fitting <input type="checkbox"/> Processing		Date of Delivery: please deliver by <u>09-20-22 (Tuesday)</u>	
Amount: _____		Received By: _____	
Deposit: _____		Prepared By: _____	
Balance: _____			

_____, DMD
Lic. No.: _____