



# GEORGIA HIGH TECH DENTAL LAB

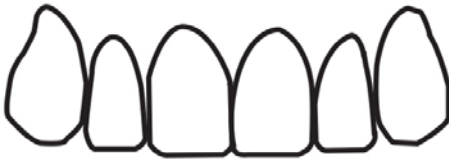
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gahightechdentallab@hotmail.com

## PRESCRIPTION

### DESCRIPTION OF WORK

- e.max Crown & Bridge.....
- e.max Veneer.....
- e.max layered zirconia Crown & Brg...
- BruxZir (full zirconia) Crown & Brg....
- Inlays and Onlays.....
- PFM Crown & Bridge.....
- Porcelain to Metal Occlusion.....
- Full Cast Crown & Bridge.....
- Noble     High Noble
- Crown Over Implant.....
- Custom Implant Abutment.....

### CERAMIC SHADE INSTRUCTIONS



### Please Check Style of Porcelain Design.

- ANTERIOR DESIGN  
Full Porcelain Coverage
- POSTERIOR DESIGN  
Porcelain Occlusal with  
Metal Gingival Band
- POSTERIOR DESIGN  
Buccal Porcelain with  
Metal Gingival Band

DATE \_\_\_\_\_ Case No. \_\_\_\_\_

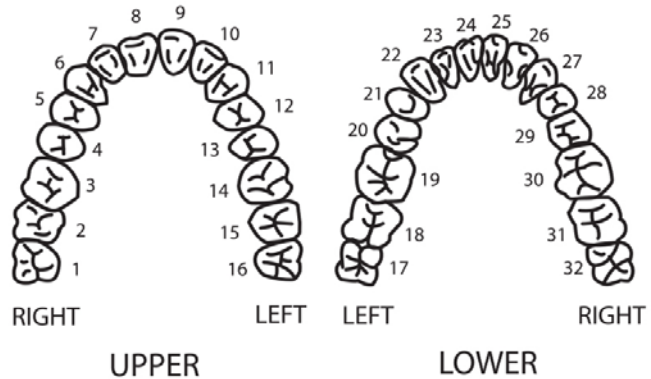
Patient \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Shade \_\_\_\_\_

### PLEASE SEND

\_\_\_\_ work order sheets    \_\_\_\_ mailing labels    \_\_\_\_ boxes



TRY IN.....     FINISH.....

### SPECIAL INSTRUCTIONS

RETURN DATE \_\_\_\_\_

Dr. \_\_\_\_\_  
(signature)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_