



Implants Only

1206 Laskin Road, Suite 251, Virginia Beach, Virginia 23451
(757) 651-9104, Office (757) 428-6805, FAX
www.implantsonly.com

Laboratory Prescription—Natural Teeth

Date: _____ Patient Name: _____

Laboratory Name: _____ Phone Number: _____

Product:

1. Single Teeth Coping(s)

Total Number of Units Enclosed: _____

Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

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Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

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Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

Tooth Number: _____ Shade: _____ AlOx/ZircOx Double Scan: Y / N

2. Bridges (Available Only In Zirconium Oxide)

Tooth Preparation Numbers: _____ Pontic Numbers: _____

Shade: _____ Double Scan: Y / N

Tooth Preparation Numbers: _____ Pontic Numbers: _____

Shade: _____ Double Scan: Y / N