NELLMAR LABORATORY

1705 Woodland Drive East, Suite 202
Saline, MI 48176
Phone: 734-316-7053
Fax: 734-316-7180
www.nellmarlab.com

FIXED PROSTHETIC PRESCRIPTION

DR'S NAME _____ DR'S PHONE _____

ADDRESS _____ City _____ State _____ Zip _____

PATIENT (Last) _____ (First) _____ Age _____ Sex _____

DELIVERY DATE

All Ceramic Restoration

- ❑ Porcelain Fused to Zirconia
- ❑ Full Zirconia
- ❑ Emax/Lisi

Full Cast Crown

- ❑ Yellow High Noble

Implants

- ❑ Screw-Retained
- ❑ Cement Retained
  - ❑ Titanium
  - ❑ Gold Hue Titanium
  - ❑ Zirconia
- ❑ Porcelain Fused to Zirconia
- ❑ Full Zirconia
- ❑ Emax/Lisi

Brand: _____

Size: _____

If No Occlusal Clearance

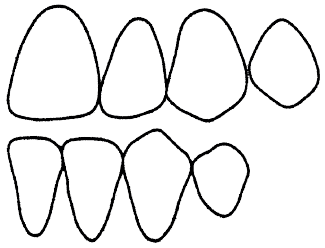
- ❑ Relieve Opposing
- ❑ Reduction Coping

Occlusal Stain: _____

Texture: _____

Stump Shade: _____

Shade: _____



Instructions: _____

Dentist's Signature _____ License # _____