FMR PROSTHETIC CENTER
FULL•SERVICE•AND•IMPLANT•LABORATORY
439 Oder Avenue Staten Island, NY 10304
T: (718)745-7786

www.fmrlab.com

We are a lab solution to your laboratory needs

800-783-8565

Rx DATE | DATE DUE IN OFFICE | RUSH (CHECK BOX ABOVE)

DOCTOR'S NAME (PLEASE PRINT)

DOCTOR'S ADDRESS PHONE

PATIENT'S NAME (First Initial/Last Name) SEX (M / F) AGE

PFM

TEETH NUMBERS:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ALLOY:

- ☐ Porcelain Fused to NON-PRECIOUS
- ☐ Porcelain Fused to SEMI-PRECIOUS
- ☐ Porcelain Fused to HIGH NOBLE White
- ☐ Porcelain Fused to HIGH NOBLE Yellow
- ☐ Captek

TRY-IN:

- ☐ Framework
- ☐ Bisque

PONTIC DESIGN:

☐ FULL RIDGE ☐ PARTIAL RIDGE ☐ NO RIDGE ☐ SANITARY ☐ BULLET

BUTT JOINT: ☐ 180°

FULL CAST:

- ☐ Full Cast Gold Crown / Inlay*
- ☐ Full Cast Non-Precious
- ☐ Other Alloy _____

* Yellow Gold, Unless Other Specified

IF NO OCCLUSAL CLEARANCE:

- ☐ Call Doctor
- ☐ Metal Occlusion
- ☐ Reduction Coping
- ☐ Reduce Opposing

SURFACE TEXTURE: ☐ Smooth ☐ Moderate ☐ Heavy

METAL-FREE

- ☐ Empress Esthetic
- ☐ E. Max
- ☐ DZi
- ☐ Composite
- ☐ Lava
- ☐ Other

SHADING CHART

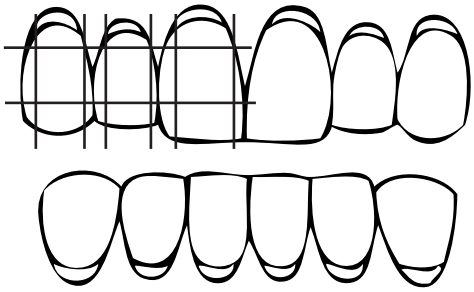
Shade of Prepared Teeth:	Shade Desired:

Value:

- ☐ High (bright)
- ☐ Medium
- ☐ Low

Occlusal Stain:

- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Heavy



REMOVABLES

CAST PARTIALS

- ☐ FREE Survey/Design
- ☐ Biteblock
- ☐ Casting Try-In
- ☐ Processed Saddles
- ☐ Set-Up/Try-in
- ☐ Acetal Clasp

DENTURE:

- ☐ Biteblock
- ☐ Set-up
- ☐ Finish
- ☐ Repair
- ☐ Reline
- ☐ Rebase
- ☐ Soft Liner
- ☐ Flexible
- ☐ Bruxi-Splint

TYPE OF TEETH:

☐ Premium ☐ Economy ☐ Other: _____

Shade: Ant._____ Post._____

ACRYLIC:

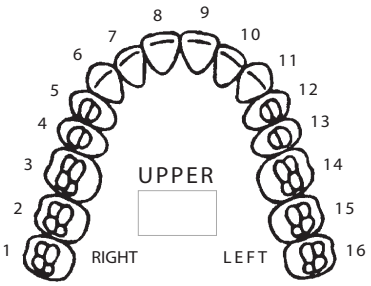
- ☐ Regular
- ☐ Flexible Partial
- ☐ SR-Ivocap

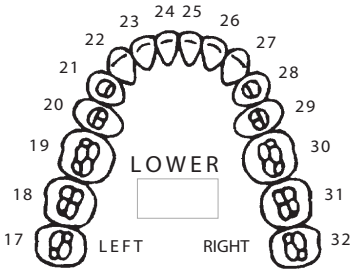
FINISH:

☐ Smooth ☐ Characterized

GINGIVAL SHADE: _____

DESIGN YOUR CASE HERE:





CASE INSTRUCTIONS

American Made™ Restorations

- ☐ Attention: _____
- ☐ Call Me
- ☐ Please send RXs
- ☐ Please send Boxes
- ☐ Please evaluate my work
- ☐ Shipping Labels

SIGNATURE OF DENTIST License #

"By signing above, I agree to pay interest charges on any unpaid balance that has not been paid within 30 days of the billing date in the amount of % per month for any work performed pursuant to this prescription and I further agree to pay all of OT's reasonable attorney's fees and collection costs in the event any amount due for work performed hereunder is referred for collection."