



Sterling Dental Arts, Inc.
Full Service Laboratory

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sterlingdntlarts@gmail.com
www.sterlingdentalartsinc.com

Doctor _____ Case # _____
Address _____ Rcv'd Date _____
City _____ State _____ Zip _____ Due Date _____
Phone _____
Patient _____ Age _____ Sex M F

FIXED RESTORATIONS (Please)

| | | |
|--|---|--|
| Porcelain To Metal <input type="checkbox"/> PFM - Non Precious <input type="checkbox"/> PFM - Noble Semi Prec. <input type="checkbox"/> PFM - High Noble White <input type="checkbox"/> PFM - High Noble Yellow <input type="checkbox"/> Porcelain To Titanium | Metal Free All Ceramic <input type="checkbox"/> IPS Empress E.max™ <input type="checkbox"/> E.max Veneer, Inlay, Onlay <input type="checkbox"/> Zirconia <input type="checkbox"/> Zirconia Full Contour <input type="checkbox"/> Gradia | Full Cast <input type="checkbox"/> Non-Precious <input type="checkbox"/> Non-Precious Yellow <input type="checkbox"/> Semi-Precious White <input type="checkbox"/> Semi-Precious Yellow <input type="checkbox"/> High Noble Yellow |
|--|---|--|

Metal Design

No Collar
 Lingual Collar _____mm
 Full Metal Band _____mm
 Metal Occlusal Excluding Buccal Cusp
 Metal Occlusal Including Buccal Cusp
 Metal Lingual
 Porcelain Butt Margin (Shoulder Prep Required)

Shade

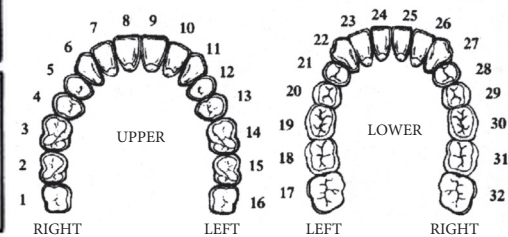
Shade _____

Stump Shade _____

Office Use Only

Pour _____
 Ditch _____
 Fit _____
 Wax _____
 Opaque _____
 Bake _____
 Contour _____
 QC _____

Pontic Design



Please send :
 RX Forms Mailing Boxes Other _____

DOCTOR PLEASE RETAIN DUPLICATE COPY

Signature _____

License Number _____ State _____

By signing this prescription the above party agrees to the terms and agreements from sterlingdentalartsinc.com

REMOVABLE RESTORATIONS (Please)

| | | | | | | | | | | | | |
|--|--|--|----------------|-----------------|----------------------------------|-------------------------------|---------------------------------|----------------------------------|----------------------------------|------------------------------------|-------------------------------|---------------------------------|
| Dentures <input type="checkbox"/> Custom Tray <input type="checkbox"/> Base Plate/Wax Rim <input type="checkbox"/> Combo Tray w/ Wax Rim <input type="checkbox"/> Economy Denture <input type="checkbox"/> Deluxe Denture <input type="checkbox"/> Premium Denture <input type="checkbox"/> Transitional Denture <input type="checkbox"/> Immediate Denture <input type="checkbox"/> Denture Set-Up <input type="checkbox"/> Denture Finish | Metal Partials <input type="checkbox"/> Standard Partial <input type="checkbox"/> Deluxe Partial (vitalium 2000) <input type="checkbox"/> Frame Try-In <input type="checkbox"/> Wax Try-In with Teeth <input type="checkbox"/> Bite Block <input type="checkbox"/> Finish | Specialty Partials <input type="checkbox"/> Acrylic Partial Flipper <input type="checkbox"/> Acrylic Partial w/ Clasp <input type="checkbox"/> Unilateral (NESBIT) <input type="checkbox"/> Hybrid Partial <input type="checkbox"/> Acetal Solid <input type="checkbox"/> Clear Frame | | | | | | | | | | |
| Repairs / Relines Relines <input type="checkbox"/> Hard <input type="checkbox"/> Soft Repairs <input type="checkbox"/> Tooth <input type="checkbox"/> Fractures <input type="checkbox"/> Clasp | Flexible Partials <input type="checkbox"/> Tes Iflex <input type="checkbox"/> Duracetal <input type="checkbox"/> Set-Up <input type="checkbox"/> Rebase <input type="checkbox"/> Finish <input type="checkbox"/> Repair | Shade <table border="0"> <tr> <td>Acrylic</td> <td>Flexible</td> </tr> <tr> <td><input type="checkbox"/> Premium</td> <td><input type="checkbox"/> Pink</td> </tr> <tr> <td><input type="checkbox"/> Deluxe</td> <td><input type="checkbox"/> Meharry</td> </tr> <tr> <td><input type="checkbox"/> Economy</td> <td><input type="checkbox"/> Visiclear</td> </tr> <tr> <td><input type="checkbox"/> Dark</td> <td><input type="checkbox"/> Custom</td> </tr> </table> Tooth Shade _____ Tooth Mold _____ Tooth Make _____ | Acrylic | Flexible | <input type="checkbox"/> Premium | <input type="checkbox"/> Pink | <input type="checkbox"/> Deluxe | <input type="checkbox"/> Meharry | <input type="checkbox"/> Economy | <input type="checkbox"/> Visiclear | <input type="checkbox"/> Dark | <input type="checkbox"/> Custom |
| Acrylic | Flexible | | | | | | | | | | | |
| <input type="checkbox"/> Premium | <input type="checkbox"/> Pink | | | | | | | | | | | |
| <input type="checkbox"/> Deluxe | <input type="checkbox"/> Meharry | | | | | | | | | | | |
| <input type="checkbox"/> Economy | <input type="checkbox"/> Visiclear | | | | | | | | | | | |
| <input type="checkbox"/> Dark | <input type="checkbox"/> Custom | | | | | | | | | | | |
| Specialty Products <input type="checkbox"/> Deluxe Guard H/S <input type="checkbox"/> Hard Clear Nightguard <input type="checkbox"/> ProForm Nightguard <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> CT Scanning Device <input type="checkbox"/> Vacuum Nightguard | | | | | | | | | | | | |

Rx SPECIFIC INSTRUCTIONS :