



STERLING
Dental Arts, Inc.
— Full Service Laboratory —

DL #1223
806 Forrest Avenue
Cocoa, Florida 32922
(321) 453-4867 • Fax (321) 305-6939
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

PFM- Non Precious
 PFM- Semi Precious
 PFM- High Noble

Full Cast

Non-Precious
 Semi-Precious Yellow
 Semi-Precious White
 High Noble Yellow


Metal Free All Ceramic

Emax
 Fx Anterior Full Zirconia
 Sterling Full Zirconia
 Layered Sterling Zirconia
 Layered Emax


Shade

Shade _____

Stump Shade _____

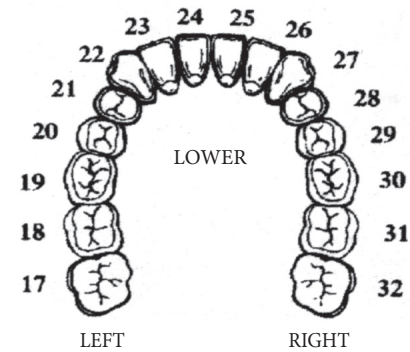
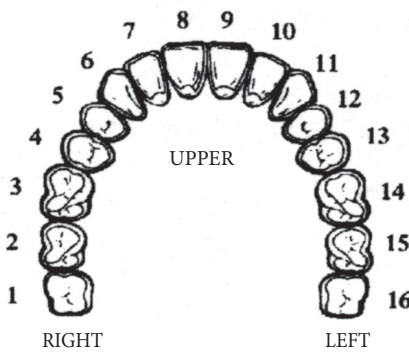


Pontic Design



Diagnostics

Waxup Printed Model
 Mockup Matrix
 Teeth Prep Photos



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 RESTORATION (Please)

Partial/Dentures

Custom Tray
 Wax Rim
 Economy Denture
 Print Denture
 Premium Denture
 Immediate Denture
 Set-Up
 Finish
 Print Tryin
 Frame Tryin
 Wax Tryin w/Teeth

Flexible Partials

Tcs
 Duracetal
 AcryFlex
 Flex Fit
 Repair

Specialty Products

Deluxe Guard H/S
 Hard Clear Nightguard
 Cleasplint NG
 Bleaching Tray
 Surgical Guide
 Vacuum Nightguard
 Printed Nightguard

Implants

Custom Abutment

T1 Abutment w/crown
 Zirconia Abutment w/crown
 Hybrid Zirconia Abutment crown w/tibase

Repairs / Relines

Relines
 Hard Soft

Repairs
 Tooth Fractures
 Clasp

Full Arch

Full Arch Sterling Zirconia Hybrid
 Full Arch Acrylic Hybrid Denture
 Logic Milled Temp
 Printed Temp

Tooth Shade _____
 Tooth Mold _____
 Tooth Make _____

R_x SPECIFIC INSTRUCTIONS:

Type _____
Size _____