



**DOTHAN
DENTAL
STUDIO**

FIXED RX

Shane Borders, CDT

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Doctor: _____ **Phone:** _____

Address: _____

Patient: _____ **Sex:** _____ **Age:** _____

Date: _____ **Due Date:** _____

ALL-CERAMIC

- Full Contour Zirconia
- Layered Zirconia (PFZ/Porcelain Fused to Zirconia)
- IPS e.max

PORCELAIN TO METAL

- Porcelain to High Noble (40% AU)
- Porcelain to Noble (20% PT)
- Porcelain to Non-precious

TOOTH SHADE:

TOOTH #'S:

(SINGLE(S) OR BRIDGE)

FULL CAST

- Yellow High Noble (58% Au)
- Yellow Noble (2% Au)
- White High Noble (50% Au)
- White Noble (25% PD; 70% Ag)
- White Non-precious

IMPLANTS

Implant System: _____ **Implant Diameter:** _____ mm

- Custom Designed Titanium Abutment/Crown Bundle (available for most implant systems)
- Use _____ (name brand) parts only
- Screw-Retained Restoration
- Cement-Retained Restoration

ADDITIONAL INSTRUCTIONS:

Doctor's Signature: _____ **License #:** _____



By signing this prescription you are agreeing to our terms and policies found online at www.dothandentalstudio.com/warranty

