



**KYORI** DENTAL LAB

301-525-3974

kyoridentallab@gmail.com

Entry Date:




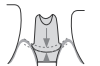
Due Date:

Rx

**LAB REQUEST FORM**

Dr :	Patient Name:	
Address:	Age:	Sex: M / F
Phone:		

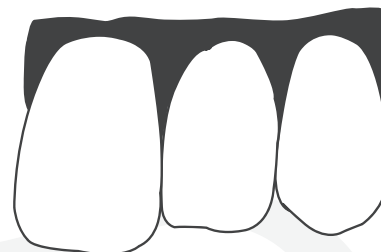
Tooth#:	Shade #:	Stump Shade #:
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<b>DIAGNOSTIC WAX-UP</b> Tooth#:  <input type="checkbox"/> Temporary Stint ( Upper / Lower )	<b>IMPLANT</b> <input type="checkbox"/> Custom Zirconia Abutment on Ti-base <input type="checkbox"/> Custom Titanium Abutment <input type="checkbox"/> Custom Screw-Retained Abutment Brand: _____ Size: _____ <b>Dr. to provide X-Ray, all components and parts for Implants</b> 1. Analogs 2. Impression Coping <b>* A wax-up is required for all implant cases</b> The Lab can provide Wax-ups, Surgical Guides, Abutments, Verification Jigs, Custom Trays (open / close)
<b>FELDSPATHIC</b> <input type="checkbox"/> Veneer	<b>ABUTMENT EMERGENCE PROFILE</b>  <input type="checkbox"/> Surgical placement  <input type="checkbox"/> Tissue displacement  <input type="checkbox"/> No tissue displacement
<b>ZIRCONIA</b> <input type="checkbox"/> Full Contoured Milled Zirconia Crown Layered <input type="checkbox"/> Full Contoured Milled Zirconia Crown	<b>ABUTMENT MARGIN DEPTH</b>  Facial Mesial Lingual Distal
<b>PORCELAIN FUSED TO METAL</b> <input type="checkbox"/> Porcelain Fused to Non Precious Metal	

By signing this Rx Lab Request Form, you agree to purchase the products as indicated herein on this Rx form as bonding contract from Dentist to Laboratory on the terms and conditions set forth in Kyori Dental Lab's Standard Terms & Condition. In the event that your payment is not fully paid within fifteen (15) days of the statement date, interest at the rate of fifteen percent (15%) per month will be charged on all unpaid balances. If the client fails to pay amount due, we reserves the right to file legal action against client. The client will be liable for all legal fees. In the event legal proceedings are necessary, you are responsible for all court fees, attorney fees and any expenses incurred.

2020

Dr. Signature:	Licence #:
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\* For all Anterior cases - Please enclose model of provisionals, impressions, bites, stump shade and photos

Required to click this button if you are sending this form electronically. By checking this button, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.