



MILLINGCENTRE

PRESCRIPTION for LAVA™ ZIRCONIA SUBSTRUCTURE

Zr use only :

PRESCRIPTION NUMBER _____

ADDITIONAL CASE _____

RETURN DATE _____

RECEIVED DATE _____

C.T. INITIALS _____

DATE: _____ LABORATORY NAME: _____

DOCTOR ZIP (required by 3M™ ESPE™) : _____

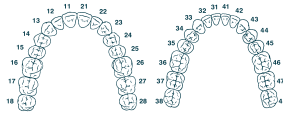
PATIENT NAME: _____

TOOTH / BRIDGE NO. (S) : _____ SHADE: _____

TOOTH / BRIDGE NO. (S) : _____ SHADE: _____

TOOTH / BRIDGE NO. (S) : _____ SHADE: _____

LAB CONTACT: _____ LAB PHONE NUMBER: _____



SCANNING PARAMETERS (* = recommended)

	Tooth # _____	Tooth # _____	Tooth # _____
Coping thickness:			
Anterior: (0.40 à 2.00 mm) (*0.50)	_____	_____	_____
Posterior: (0.50 à 2.00mm) (*0.50)	_____	_____	_____
Cement Gap:			
Cement Gap Thickness: (0.00 à 0.10 mm) (*0.02)	_____	_____	_____
Begin Above Margin: (0.00 à 5.00mm) (*1.50)	_____	_____	_____

PONTIC DESIGN INSTRUCTIONS:

ADDITIONAL COMMENTS:

Please send this form with removable pinned and separated working model, opposing, impression and bite registration to:

Zr Milling Centre, 470A ch.Vanier, Gatineau, Qc, J9J 3J1,
(819) 682.1886 / 1.866.920.LAVA / Fax (819) 682-5867