

(LAB USE ONLY)

PAN #

DOCTOR _____ RX DATE _____ DUE DATE _____

PATIENT _____ AGE _____ M F

CAMBIA DENTAL LAB, LLC 22600 LAMBERT ST. SUITE 807, LAKE FOREST, CALIFORNIA 92630 877-4CAMBIA (877-422-6242)

ZIRCONIA RESTORATIONS

- LAYERED ZIRCONIA CROWN
- LAYERED ZIRCONIA BRIDGE
- FULL CONTOUR ZIRCONIA CROWN
- FULL CONTOUR ZIRCONIA BRIDGE

EMAX RESTORATIONS

- LAYERED EMAX CROWN
- LAYERED EMAX BRIDGE
- FULL CONTOUR EMAX CROWN
- FULL CONTOUR EMAX BRIDGE
- EMAX VENEER
- EMAX INLAY/ONLAY

COMPOSITE RESTORATIONS

- INLAY/ONLAY

METAL RESTORATIONS

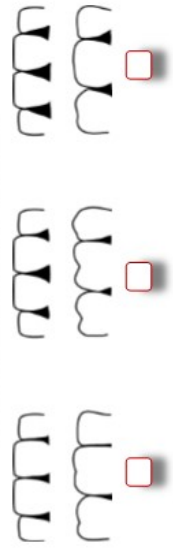
- PFM/PFG CROWN
 - PFM/PFG BRIDGE
 - FULL GOLD CROWN
 - GOLD INLAY/ONLAY
 - CAST POST
- METAL TYPE**
- NON PRECIOUS
 - NOBLE
 - HIGH NOBLE
 - TYPE III GOLD

INCLUDED WITH THIS CASE

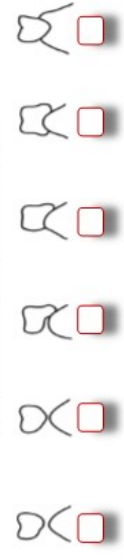
- IMPRESSION
- STUDY MODEL
- CR BITE
- CO BITE
- IMPLANT PARTS
- PHOTOS
- OLD CROWN
- ARTICULATOR

IMPLANT PARTS: _____

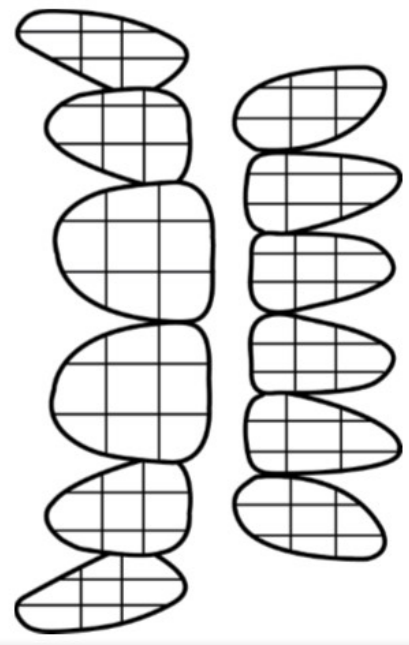
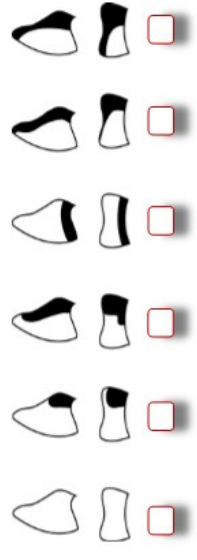
CHOOSE CONTACT DESIGN



CHOOSE PONTIC DESIGN



CHOOSE JUNCTION DESIGN

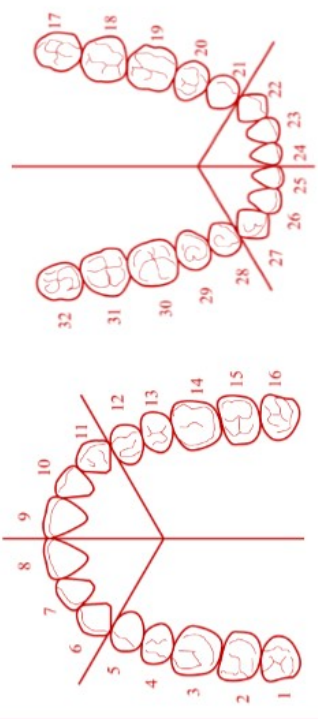


DESIRED SHADE _____

STUMP SHADE _____

CROWN AND BRIDGE

DOCTOR'S INSTRUCTION TO LAB



DOCTORS SIGNATURE: _____

PLEASE ALLOW A MINIMUM OF 10 WORKING DAYS FOR ALL CASES. TERMS ARE NET 15. ADDITIONAL TERMS ARE PROVIDED ON THE BACK OF THIS RX.