



1801 North State Road 7 – Margate, Florida 33063
954-972-2512 ext. 214 • 1-800-322-3485 • 954-969-9847 FAX
License # 1388

Authorized Lava™ Milling Center

PRESCRIPTION FOR LAVA™ ZIRCONIA SUBSTRUCTURE

Allow 3 business days for case to be returned. If needed sooner, please indicate date.

Expected Return Date _____

Laboratory Name: _____ Date: _____

Prescribing Doctor's Zip Code (required by 3M™ ESPS): _____

Patient Name: _____

Single Crown No.(s): _____ Base Shade: _____

Bridge No. (s): _____ Base Shade: _____

* For Bridges please provide us with a Separated working model and bite registration

* Please do not mark margins, seal, or paint dies

* Recommended Minimums: Anterior No less than 0.3mm

Posteriors No less than 0.5mm

Up to 2.0mm to cover dark stump, implant, post, etc...

Lab Contact Person: _____ Lab Phone #: _____

Design Instructions and Additional Comments:

Technics Dental Lab use only:

Date received: _____

Date shipped: _____

Comments: